

**For Regulation  
7 Use only**

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN  
RECEIVING STATE PRIORITY HOME STUDY  
ICPC-102**

**PLEASE TYPE**

*(Each section must be completed)*

Name of Child to be Placed:	Age:	Sending State:
Ethnic Group: W=White	DOB:	
Dates of telephone contact:	Dates of home visits:	

**PROPOSED CARETAKER/SPOUSE**

Name:		Social Security #:
Address:		
Telephone Home #:	Work #:	
Marital Status: Single	Living With (Name):	
Caretaker/Spouse:		
Employer Name and Address:		
Employer Telephone #:	<b>You must submit income verification.</b> Income: Yearly \$	
Head of Household: <i>(Name on rent receipts, utility bills, etc.)</i>		
Number of Members in Household:	Relationship to proposed caretaker:	
Length of relationship (if not marital):	Relationship of proposed caretaker to child:	
Reason for wanting to care for children:		
How did you hear about child's situation?		
Do you understand the situation that caused this request?		
Ability to protect child from offender:		
Willingness to provide care (Time-limited?) (Open-ended?):		
Appropriateness of child care plans:		
Forms of discipline:		
Is present income adequate?		
Willingness (ability) to care for child without financial help:		
Willingness to accept/apply for AFDC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Requests for Foster Care benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willingness to undergo licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SPECIAL NEEDS**

Ability of caretaker, community, schools to meet child/ren's special needs:
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**OTHER ADULTS IN HOUSEHOLD**

*(List separately/Use additional sheet to list household members if needed)*

Name:	Age:	Name:	Age:
Relationship to proposed caretaker:		Relationship to proposed caretaker:	
Attitude towards placement:		Attitude towards placement:	

**OTHER CHILDREN IN HOUSEHOLD (List separately)**

Name:	Age:	Name:	Age:
Relationship to proposed caretaker:		Relationship to proposed caretaker:	
Attitude towards placement:		Attitude towards placement:	
School progress/problems:			

**CLEARANCES**

**(In accordance with receiving state laws)**

Law Enforcement/child abuse and neglect clearances for all household members who have reached the age of majority.
Police:
Child Abuse and neglect:
Family known to Public/Social Services Agencies (if yes, please explain):

**HEALTH**

Proposed caretaker and other family members state that they are in basic, good health & free of communicable diseases: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**HOME AND COMMUNITY**

Adequacy of space:
Will the child have his/her own bed? <input type="checkbox"/> Yes <input type="checkbox"/> No      Closet Space? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the child share a bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, list name[s] below)</i>
With whom?
Housekeeping standards:
Viewed potential hazards, safety problems (please specify):
Appropriateness of neighborhood:
Proximity to schools, medical services, etc:

**AREA OF CONCERN**

Did you visualize or anticipate any potential problem areas with this case (explain)?
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**CASE PLAN FROM SENDING STATE**

Is the submitted case plan suitable/adequate for this proposed placement? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, explain)</i>
Do you have any recommended changes in the case plan or goal?
Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency?

Financial/Medical Plan from Sending State: is it adequate for this child?  Yes  No

*(If no, explain)*

**STUDY NARRATIVE**

Discuss any areas which cannot be addressed by this abbreviated study. Please expand or expound on any area which needs clarification:

Workers Recommendations:  For Placement  Against Placement ***(explain below)***

Comments (if appropriate):

Please list conditions, if any, for placement to occur:

Worker Name:	Telephone #:	Supervisor Name:	Telephone #:
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Worker Signature:	Date:	Supervisor Signature:	Date:
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