

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST**

**ONE FORM PER CHILD  
PLEASE TYPE**

**TO:**

**FROM:**

**SECTION I – IDENTIFYING DATA**

NOTICE IS GIVEN OF INTENT TO PLACE – NAME OF CHILD:		ETHNICITY: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
SOCIAL SECURITY NUMBER:		ICWA ELIGIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No	
SEX:	DATE OF BIRTH	TITLE IV-E DETERMINATION: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
NAME OF MOTHER:		NAME OF FATHER:	
NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD:		PHONE NUMBER:	
ADDRESS:			
NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD:		PHONE NUMBER:	
ADDRESS:			

**SECTION II – PLACEMENT INFORMATION**

NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH:		Soc. Sec. No. (optional): Soc. Sec. No. (optional):	
ADDRESS:		PHONE NUMBER:	
<b>TYPE OF CARE REQUESTED:</b> <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Parent <input type="checkbox"/> Group Home Care <input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent <input type="checkbox"/> Relative (Not Parent) <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Other:		<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
<b>CURRENT LEGAL STATUS OF CHILD:</b> <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other:	

**SECTION III – SERVICES REQUESTED**

<b>INITIAL REPORT REQUESTED (IF APPLICABLE)</b> <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	<b>SUPERVISORY SERVICES REQUESTED:</b> <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	<b>SUPERVISORY REPORTS REQUESTED:</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:
NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE:		
<b>ENCLOSED:</b> <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation		
SIGNATURE OF SENDING AGENCY OR PERSON:		DATE:
SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR, DEPUTY OR ALTERNATE:		DATE:

**SECTION IV – ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) OF ICPC**

<input type="checkbox"/> Placement may be made	<input type="checkbox"/> Placement shall not be made
<b>REMARKS:</b>	
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR, DEPUTY OR ALTERNATE:	
DATE:	

**DISTRIBUTION (Complete six (6) copies):**

- Sending Agency retains (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.