

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN**  
**REPORT ON CHILD'S PLACEMENT STATUS**

**ONE FORM PER CHILD  
PLEASE TYPE**

**TO:**

**FROM:**

**SECTION I – IDENTIFYING INFORMATION**

CHILD'S NAME:		BIRTH DATE:
MOTHER'S NAME:	FATHER'S NAME:	

**SECTION II – PLACEMENT STATUS**

<input type="checkbox"/> Initial Placement of child in receiving state	DATE CHILD PLACED IN RECEIVING STATE:
Name of resource: _____	
Address: _____	
Type of care: _____	
<input type="checkbox"/> Placement change	EFFECTIVE DATE OF CHANGE:
Name of resource: _____	
Address: _____	
Type of care: _____	

**SECTION III – COMPACT PLACEMENT TERMINATION**

<input type="checkbox"/> Adoption finalized	<input type="checkbox"/> In sending state	<input type="checkbox"/> In receiving state	<input type="checkbox"/> Court order attached
<input type="checkbox"/> Child reached majority/legally emancipated		<input type="checkbox"/> Court order attached	
<input type="checkbox"/> Legal custody returned to parent(s)		<input type="checkbox"/> Court order attached	
<input type="checkbox"/> Legal custody given to relative			
NAME:		RELATIONSHIP:	
<input type="checkbox"/> Treatment completed			
<input type="checkbox"/> Sending state's jurisdiction terminated with the concurrence of the receiving state			
<input type="checkbox"/> Unilateral termination			
<input type="checkbox"/> Child returned to sending state			
<input type="checkbox"/> Child has moved to another state			
<input type="checkbox"/> Proposed placement request withdrawn			
NAME OF PLACEMENT RESOURCE: _____			
<input type="checkbox"/> Approved resource will not be used for placement			
NAME OF APPROVED PLACEMENT: _____			
<input type="checkbox"/> Other (Specify)			
DATE OF TERMINATION: _____			

**SECTION IV – SIGNATURES**

PERSON/AGENCY SUPPLYING INFORMATION:	DATE:
COMPACT ADMINISTRATOR, DEPUTY OR ALTERNATE:	DATE:

**DISTRIBUTION** (Complete four (4) copies of this form):

- Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:
- Sending compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency.