

ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE  
COMPACT ON THE PLACEMENT OF CHILDREN

ICPC-101

SENDING STATE  
PRIORITY HOME STUDY REQUEST

To be submitted by Social Worker with other required ICPC materials

Name of Child to be placed \_\_\_\_\_ DOB \_\_\_\_\_ Ethnic Group \_\_\_\_\_

If there is a sibling group, list the case in the oldest child's name.

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

**PROPOSED CARETAKER**

Name: \_\_\_\_\_ Marital Status: S, M, Sep., D, W

Other adults in the home: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home #: \_\_\_\_\_ Work # \_\_\_\_\_ Alternate # \_\_\_\_\_

Best Time of day to contact: \_\_\_\_\_ Relationship to child identified above: \_\_\_\_\_

Employer of Proposed Caretaker: \_\_\_\_\_

**ASSESSMENT OF CHILD:**

Case Plan Attached: yes no Financial and Medical plan attached: yes no

Special Needs of the Child:

\_\_\_\_\_  
\_\_\_\_\_

Handicaps: Mental/Physical:

\_\_\_\_\_  
\_\_\_\_\_

Service Needs:

\_\_\_\_\_  
\_\_\_\_\_

School Information:

\_\_\_\_\_  
\_\_\_\_\_

Worker's name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Email address of worker: \_\_\_\_\_

Worker's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there is more than one child to be placed with the proposed caretaker, list the name of the children and all the requested information on a separate page and attach to this form.