



SENDING STATE EXPEDITED HOME STUDY REQUEST-ICPC 101

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 852 (11-2022)

To be submitted by Social Worker with other required ICPC materials

Name of Child to be Placed *	Age	Mother's Name
Ethnic Group	Date of Birth	Father's Name

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

PROPOSED CARETAKER

Name	Marital Status (check one) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Sep <input type="checkbox"/> D <input type="checkbox"/> W			Name of Person Living With	
Address		City	State	ZIP Code	
Home Telephone Number	Work Telephone Number	Best Time of Day to Contact Caretaker			
Relationship to Child Identified Above		Employer (if applicable)			
Alternate Contact Name					
Address		City	State	ZIP Code	

ASSESSMENT OF CHILD

Case Plan Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial/Medical Plan Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs	
Handicaps: Mental/Physical	
Service Needs/Treatment Requirements	
School Information	
Other required pertinent information regarding child and family will follow: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Worker's Name (print)	Telephone Number
Worker's Signature	Date
Supervisor's Signature (if required)	Date
	Telephone Number