



# INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST - ICPC 100A

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES  
SFN 965 (3-2025)

**ONE FORM PER CHILD  
PLEASE TYPE**

Sending State	Receiving State
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### SECTION I - IDENTIFYING INFORMATION

Notice is Given of Intent to Place-Name of Child		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Title IV-E Determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Ethnicity: Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine/Unknown	
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Name of Agency/Person Responsible for Planning for Child		Email Address	Telephone Number
Mailing Address		City	State ZIP Code
Name of Agency/Person Financially Responsible		Email Address	Telephone Number
Mailing Address		City	State ZIP Code

### SECTION II - PLACEMENT INFORMATION

Name of Person(s)/Facility Child is to be Placed With		Email Address	Telephone Number
Physical Address		City	State ZIP Code
Type of Care Requested <input type="checkbox"/> Family Foster Care <input type="checkbox"/> Treatment Foster Care <input type="checkbox"/> Relative (Not Parent) (specify relationship): _____ <input type="checkbox"/> Treatment Facility - QRTP <input type="checkbox"/> Treatment Facility - PRTF <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify): _____			
Adoption <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy		Adoption to be Finalized In <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
Current Legal Status of Child <input type="checkbox"/> Sending Agency Custody <input type="checkbox"/> Parental Rights Terminated - Right to Place for Adoption <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Other (specify): _____			

### SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable) <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services Requested <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports Requested <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other (specify): _____
Name of Supervising Agency/Person in Receiving State	Email Address	Telephone Number
Signature of Sending State 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

Placement <input type="checkbox"/> Placement May Be Made <input type="checkbox"/> Placement Shall Not Be Made	
Signature of Receiving State Compact Administrator, Deputy or Alternate	Date