



**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN**  
**REPORT ON CHILD'S PLACEMENT STATUS - ICPC 100B**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 966 (11-2022)

**ONE FORM PER CHILD**  
**PLEASE TYPE**

To	From
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**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			<input type="checkbox"/> Placement Change		
Date Child Placed in Receiving State			Effective Date of Change		
Name of Resource			Name of Resource		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Type of Care			Type of Care		

**SECTION III - COMPACT PLACEMENT TERMINATION**

Adoption Finalized   
  In Sending State   
  In Receiving State   
  Court Order Attached  
 Child Reached Majority/Legally Emancipated  
 Legal Custody Returned to Parent(s)   
  Court Order Attached  
 Legal Custody Given to Relative   
  Court Order Attached

Name	Relationship
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Treatment Completed   
  Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State  
 Unilateral Termination   
  Child Returned to Sending State   
  Child Has Moved to Another State  
 Proposed Placement Request Withdrawn

Name of Placement Resource
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Approved Resource Will Not Be Used for Placement

Name of Approved Placement
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Other (Specify): \_\_\_\_\_

Date of Termination
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**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 one (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