SENDING STATE EXPEDITED HOME STUDY REQUEST

ICPC 101

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES/CFS

SFN 852 (Rev. 12-2011)

Clear Fields

To be submitted by Social Worker with other required ICPC materials

Name of Child (1) to be placed	Age	Mother's Name
Ethnic Group	Date of Birth	Father's Name

PROPOSED CARETAKER

Name	Martial Status (check one) ☐ S ☐ M ☐ Sep ☐ D ☐ W		Living with (name of person):	
Address	City		State	ZIP Code
Home Telephone Number			Work Telephone Number	
Relationship to child identified above			Best time of day to contact caretaker	
Employer (if applicable)				
Alternate Contact Name				
Address	City		State	ZIP Code

ASSESSMENT OF CHILD

Case Plan Attached ☐ Yes ☐ No	Financial/Medical Plan attached ☐ Yes ☐ No
Special Needs	
Handicaps:Mental/Physical	
Service Needs/Treatment Requirements	
School Information	
Other required pertinent information regarding child and family will follow: ☐ Yes ☐ No	
Worker's Name (please print)	Telephone Number
Worker's Signature:	Date

Supervisor's Signature (if required)	Date	Telephone Number

(1) 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.