

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

One form per child

TO:

FROM:

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child: <input checked="" type="checkbox"/>		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number: <input checked="" type="checkbox"/>		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex: <input checked="" type="checkbox"/>	Date of Birth: <input checked="" type="checkbox"/>	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Name of Mother: <input checked="" type="checkbox"/>	
Name of Agency or Person Responsible for Planning for Child: <input checked="" type="checkbox"/>		Name of Father: <input checked="" type="checkbox"/>	
Address: <input checked="" type="checkbox"/>		Phone: <input checked="" type="checkbox"/>	
Name of Agency or Person Financially Responsible for Child: <input checked="" type="checkbox"/>		Phone: <input checked="" type="checkbox"/>	
Address: <input checked="" type="checkbox"/>			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with: <i>Vista @ Dimple Dell Canyon RTC</i>		Soc Sec # (optional): Soc Sec # (optional):	
Address: <i>10209 South Dimple Dell Rd. Sandy, UT 84092</i>		Phone:	
Type of Care Requested: <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child Caring Institution		<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent		<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy 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/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only			
<input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other			
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:	
Name and Address of Supervising Agency in Receiving State:			
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation			
Signature of Sending Agency or Person: <input checked="" type="checkbox"/>		Date:	
Signature of Sending State Compact Administrator, Deputy or Alternate:		Date:	
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC			
<input type="checkbox"/> Placement may be made <input type="checkbox"/> Placement shall not be made			
REMARKS:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:		Date:	

ONE FORM PER CHILD  
PLEASE TYPE

## INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REPORT ON CHILD'S PLACEMENT STATUS

TO:

FROM:

SECTION I - IDENTIFYING INFORMATION			
Child's Name: <input checked="" type="checkbox"/>	Birthdate: <input checked="" type="checkbox"/>		
Mother's Name: <input checked="" type="checkbox"/>	Father's Name: <input checked="" type="checkbox"/>		
SECTION II - PLACEMENT STATUS			
<input checked="" type="checkbox"/> Initial Placement of Child in Receiving State		Date Child Placed in Receiving State:	
Name of Resource: Vista at Dimple Dell Canyon			
Address: 10209 South Dimple Dell Rd. Sandy, UT 84092			
Type of Care: RTC			
<input type="checkbox"/> Placement Change		Effective Date of Change:	
Name of Resource:			
Address:			
Type of Care:			
SECTION III - COMPACT PLACEMENT TERMINATION			
<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Child Reached Majority/Legally Emancipated		<input type="checkbox"/> Court Order Attached	
<input type="checkbox"/> Legal Custody Returned to Parent(s)		<input type="checkbox"/> Court Order Attached	
<input type="checkbox"/> Legal Custody Given to Relative			
Name:		Relationship:	
<input type="checkbox"/> Treatment Completed			
<input type="checkbox"/> Sending Stat's Jurisdiction Terminated with the Concurrence of the Receiving State			
<input type="checkbox"/> Unilateral Termination			
<input type="checkbox"/> Child Returned to Sending State			
<input type="checkbox"/> Proposed Placement Request Withdrawn			
Name of Placement Resource:			
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement			
Name of Approved Placement:			
<input type="checkbox"/> Other (Specify)			
Date of Termination:			
SECTION IV - SIGNATURES			
Person/Agency Supplying Information: <input checked="" type="checkbox"/>			Date:
Compact Administrator, Deputy or Alternate:			Date:

DISTRIBUTION (Complete four (4) copies of this form):

- Sending Agency retains a (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.