

Nevada Interstate Compact on the Placement of Children

PLACEMENT RESOURCE STATEMENT OF CONFIRMATION

To be submitted by Social Worker with other required ICPC materials (one per family)

The following information regarding the proposed placement resource for the identified child(ren) is certified as **TRUE** based on my direct communication with the proposed placement resource on _____ (date of contact).

Name of child(ren) to be placed: DOB: Age:

Mother's Name: DOB:

Father's Name: DOB:

PROPOSED RESOURCE

Name: Social Security #: DOB:

Marital Status: Relationship to the child:

Physical Address:

Mailing Address:

Email Address:

Physical address and mailing address if different

Telephone Numbers Home#: Work#: Cell#:

Employer Name: Best time of day to contact placement resource:

The placement resource is interested in being a placement for the child and is willing to cooperate with the ICPC process:

The placement resource has financial resources, or will access financial resources to feed, clothe and care for the child:

If required due to age and/or needs of the child, the plan for childcare and how it will be paid for is as follows:

The number and type of rooms in the residence of the placement resource to accommodate the child under

consideration: Total number of rooms:

 Number of bedrooms:

 Number of bathrooms:

The number of people, including children, who will be residing in the home:

The placement resource acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home required to be screened under the law of the receiving state and that to the best knowledge of the placement resource, no one residing in the home has a criminal history, or child abuse history or child abuse history that would prohibit the placement.

OTHER ADULT(S) IN THE HOME

Name: Social Security #: DOB:

Name: Social Security #: DOB:

Case Worker's Name: Telephone#: Email

_____ Date:
Case Worker's Signature