

**ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE
COMPACT ON THE PLACEMENT OF CHILDREN**

**SENDING STATE
EXPEDITED HOME STUDY REQUEST**

(Please complete a separate form for each child sought to be placed)

To be submitted by Social Worker with other required ICPC materials

Name of child to be placed: DOB: Age: Ethnic Group:

Mother's Name: DOB:

Father's Name: DOB:

PROPOSED RESOURCE

Name: Social Security #: DOB:

Marital Status: Relationship to the child:

Physical Address:

Mailing Address:

Physical address and mailing address if different

Telephone Numbers Home#: Work#: Cell#:

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

Are you asking to relinquish jurisdiction:

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

The placement resource fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his or her guardian: Relationship:

The placement resource has financial resources, or will access financial resources to feed, clothe and care for the child: Financial/Medical Plan attached:

If required due to age and/or needs of the child, the plan for child care 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.

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OTHER ADULT(S) IN THE HOME

Name: Social Security #: DOB:
Name: Social Security #: DOB:

ASSESSMENT OF CHILD

Case Plan Attached:

Special Needs:

If yes, explain briefly the nature of the special needs:

Service Needs/Treatment Requirements:

School Information (if the child is five years of age or older):

Case Worker's Name: Telephone#: ext.

_____ Date:
Case Worker's Signature