

Nevada Interstate Compact on the Placement of Children

ICPC Form 101

SENDING STATE
PRIORITY HOME STUDY REQUEST

To be submitted by Social Worker with other required ICPC materials. Must be accompanied by a court order specifying that Regulation 7 applies.

Please Type:

Name of Child to be placed: Age: Ethnic Group:
Mother's Name: DOB: Fathers Name:

PROPOSED CARETAKER

NAME: Marital Status: S M Sep D W Name of person living with:
ADDRESS: Telephone Home#: Work #: Social Security #:
Relationship to child identified above:
Best time of day to contact caretaker: Employer: (If Applicable)
Alternate Contact Name and Address:

ASSESSMENT OF CHILD

Case Plan Attached: Yes No Financial/ Medical Plan attached: Yes No
(check one) (check one)

Special Needs:
Handicaps: Mental/ Physical:
Service Needs/Treatment Requirements:
School Information:

Other required pertinent information regarding child and family will follow: Yes No
(check one)

Worker Name: Telephone #:

Workers Signature Date:

Supervisors Signature Date: Telephone #:
(If Required)

1 If there is more than one child to be placed with the proposed caretaker, please complete a separate form for each child.