

**Nevada Interstate Compact on the Placement of Children (ICPC)**

**REQUIREMENTS FOR A NEVADA ICPC REFERRAL (FPO-0701C)**

Include two (2) hard copies of all required documents in your referral in the following order.

Complete this document, sign and place it after your cover letter.

	A	B	C	D	E	F
<p align="center"><b>Items that are <b>REQUIRED</b> to process the ICPC referral</b></p> <p align="center">If the required items are not included, your file will be returned. Please check off each item as required ensuring that your file is complete.</p> <p>(*Private Adoptions, Foster Home Studies, Reg. 1, Reg. 6, and Reg. 7, see special guidelines for additional information)</p>	Expedited Home Study (Reg. 7)*	Relative Home Study	Foster Home Study*	Adoptive Home Study	Residential Treatment Home	Relocation of Family (Reg. 1)*
<b>Forms:</b>						
▪ ICPC 100A - Completed and signed (One for each child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ ICPC 101 - Completed and signed (Only for Reg. 7)	<input type="checkbox"/>					
▪ ICPC 100B - Completed and signed (One for each child)						<input type="checkbox"/>
<b>Cover Letter:</b>						
▪ Address to Deputy Compact Administrator – ICPC Deputy Compact Administrator – ICPC Division of Child and Family Services 4126 Technology Way, 3 <sup>rd</sup> Floor, Carson City, NV 89706	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Identify child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Identify proposed placement: Name Address Telephone Number Relationship to child(ren)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
▪ Placement Resource Statement of Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Provide Brief Statement of Legal Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Provide Reason for Proposed Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Provide Long Term Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Request that all information be forwarded to receiving state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Explain any special considerations or circumstances regarding the placement, the child(ren) or the request, if not clearly addressed in attachments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Court Orders</b>						
▪ Current Custody Court Order (Signed showing agency has legal custody of the child(ren))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Expedited Order of Compliance (Court order must be received in the Central ICPC office within three (3) business days of the date of signature)	<input type="checkbox"/>					
▪ Termination of Parental Rights Court Order (Child must be ½ free)				<input type="checkbox"/>		
<b>Documents:</b>						
▪ Yerington Tribal ROP ( Approved for Placement)					<input type="checkbox"/>	
▪ Prior Medical Authorization (Approval)					<input type="checkbox"/>	
▪ Letter of Acceptance from residential facility					<input type="checkbox"/>	
▪ Disruption Agreement Letter (required by Utah at this time)					<input type="checkbox"/>	
▪ Financial/Medical plan (One for each child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ IV-E Eligibility Documentation (Explanation of current status)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Child's case/social history (May be found in the initial/dispositional court report and/or current court report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Child's case/services/permanency plans (Include any supplements)						<input type="checkbox"/>
▪ Progress reports for the last six months						<input type="checkbox"/>
▪ Home Study (Recent home study and any updates)						<input type="checkbox"/>
▪ Licenses, certification or approval (Showing status of qualifications)						<input type="checkbox"/>
<b>Additional Documents: These items are required to be supplied before final approval of placement.</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
▪ Copy of birth certificate or proof of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Copy of social security card or proof of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Immunization record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ School records if child is of school age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Psychological evaluations, if available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
▪ Medical records, if available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Verification of complete Nevada ICPC referral file:

Signature of Worker

Date

Signature of Supervisor

Date

## Additional Information and Instructions

Complete this checklist document, sign and place it **after** your cover letter.

E-mail to [NVICPC@dcs.nv.gov](mailto:NVICPC@dcs.nv.gov)

or

Mail two (2) copies of all required documents to:

Nevada ICPC, Division of Child and Family Services, 4126 Technology Way, 3<sup>rd</sup> Floor, Carson City, NV 89706.

**Electronic Files:** Nevada is a paperless state. All referrals are scanned and then forwarded electronically to the receiving party when at all possible. The paper copies are being forwarded on to the entities that do not accept electronic requests. You will be copied in the e-mail when we send the documents to the receiving state electronically. Please be sure to print or archive the email when you receive it as we will not be sending paper backup.

**Incomplete Packets:** **NV ICPC will no longer be able to keep incomplete packets in this office due to the high volume of referrals. The referral will be held for 5 business days from that date of notification. If missing documents are not received within that time frame the referral will be returned in its entirety.**

### Special Guidelines:

#### *Private Adoptions:*

- Please complete form FPO-0701D.

#### *Foster Home Placements:*

- If you want your placement resource to get paid, you must request a foster home study.
- If your relative placement resource is outside the fifth level of consanguinity you must request a foster home study.

#### *Expedited Home Studies (Reg. 7)*

- The request must be for a relative home study, not foster or adoptive, and the child may not be already placed in the receiving state in violation of ICPC.
- The child must be in an emergency shelter **OR** be four years of age or younger **OR** have a substantial relationship with the proposed placement resource **OR** experienced an unexpected dependency.

#### *Relocation of Family Units (Reg. 1)*

- 100A and all accompanying information shall clearly state that a relocation of a family unit is involved and supervision needs to start within the 30 days of placement.

### **Regulation No. 6 (.Permission to Place Child: Time Limitations, Re-application)**

1. Permission to place a child given pursuant to Article III (d) of the Interstate Compact on the Placement of Children shall be valid and sufficient to authorize the making of the placement identified in the written document ICPC-100A, by which the permission is given for a period of six (6) months commencing on the date when the receiving state compact administrator or his duly authorized representative signs the aforesaid ICPC-100A.
2. If the placement authorized to be made is not made within the six (6) months allowed therein, the sending agency may reapply. Upon such reapplication, the receiving state may require the updating of documents submitted on the previous application, but shall not require a new home study unless the laws of the receiving state provide that the previously submitted home study is too old to be currently valid.
3. If a foster care license, institutional license or other license, permit or certificate held by the proposed placement recipient is still valid and in force, or if the proposed placement recipient continues to hold an appropriate license, permit or certificate, the receiving state shall not require that a new license, permit or certificate be obtained in order to qualify the proposed placement recipient to receive the child in placement.
4. Upon reapplication by the sending agency, the receiving state shall determine whether the needs or conditions of the child have changed since it initially authorized the placement to be made. The receiving state may deny the placement if it finds that the proposed placement is contrary to the interests of the child.