

## INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

<b>TO:</b> (Name and Address of Compact Administrator) Interstate Compact on the Placement of Children	<b>FROM:</b> (Name and Address of Reporting ICPC Admin.) Child and Family Services Agency ICPC Office 400 6 <sup>th</sup> Street, SW Washington, D.C. 20024
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### IDENTIFYING INFORMATION

Child's Name:	Birthday:
Mother's Name:	Father's Name:
Name of Placement Resources:	

### PLACEMENT STATUS

<input type="checkbox"/> Placement Request Withdrawn:	<input type="checkbox"/> Placement Request Withdrawn:	Date:
Initial Placement With: Name:	Initial Placement With:	Date:
Address:		
Type of Care:		
<input type="checkbox"/> Placement Change		Date:
<input type="checkbox"/> Name:		
<input type="checkbox"/> Address:		
<input type="checkbox"/> Type of Care:		

### COMPACT TERMINATION

<b>Reason:</b>		
<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State
<input type="checkbox"/> Child Reached Majority/Legally Emancipated		
<input type="checkbox"/> Legal Custody and/or Guardianship Awarded and/or Returned to:		
Name:	Relationship:	
<input type="checkbox"/> Treatment Completed		
<input type="checkbox"/> Sending State's Jurisdiction Terminated	<input type="checkbox"/> Unilaterally	
<input type="checkbox"/> Child Returned to Sending State		
<input type="checkbox"/> Approved Resources Will Not Be Used for Placement		
<input type="checkbox"/> Other (Specify):		

<b>Date of Termination:</b>	
<b>SIGNATURES:</b>	<b>DATE SIGNED:</b>
Person/Agency Supplying Information	
Reporting Compact Administrator or Alternate	

Complete four (4) copies of this form.  
 Sending agency retains one (1) copy and forward three (3) copies to:  
 Sending Compact Administrator retains one (1) copy and forwards two (2) copies to:  
 Receiving Compact Administrator retains one (1) copy, forwards one (1) copy to the receiving agency.