

## INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

TO: (Name and Address of Compact Administrator)	FROM: (Name and Address of Sending ICPC Admin.)  <b>Child and Family Services Agency Interstate Compact Unit 200 I Street SE, 2<sup>nd</sup> Floor Washington, D.C. 20003</b>
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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 Placement Request Withdrawn:	Date:
Initial Placement With: Name:	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"/> <b>Approved Resources Will Not Be Used for Placement</b>	
<input type="checkbox"/> <b>Other (Specify):</b>	

<b>Date of Termination:</b>	
<b>Signature: (Person/Agency Supplying Information)</b>	<b>DATE SIGNED:</b>
<b>Signature: (Reporting compact Administrator or Alternate)</b>	

**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.**