

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

ICPC-101
August 1996

SENDING STATE
PRIORITY HOME STUDY REQUEST

To be submitted by Social Worker with other required ICPC materials

Name of Child¹ to be placed _____ Age _____ Mother's Name _____

Ethnic Group _____ DOB _____ Father's Name _____

PROPOSED CARETAKER

NAME: _____ Marital Status: S, M, Sep., D, W Living with _____
(circle one) (name of person)

ADDRESS: _____

Telephone Home #: _____ Work #: _____ Social Security # _____

Relationship to child identified above: _____

Best time of day to contact caretaker: _____ Employer _____
(if applicable)

Alternate Contact Name & Address: _____

ASSESSMENT OF CHILD

Case Plan Attached: yes no Financial/ Medical Plan attached: yes no
(circle one) (circle one)

Special Needs: _____

Handicaps: Mental/Physical _____

Service Needs/Treatment Requirements: _____

School Information: _____

Other required pertinent information regarding child and family will follow: yes no
(circle one)

Worker's Name _____ (please print) _____ (Tel. #) _____

Worker's Signature _____ (date) _____

Supervisor's Signature _____ (if required) _____ (date) _____ (Tel. #) _____

¹ If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.