|  |  |
| --- | --- |
|  | **Tennessee Department of Children’s Services****Interstate Compact on the Placement of Children (ICPC) Report on Child’s Placement Status** |
| **TO:** | **FROM:**       |
| **SECTION I - IDENTIFYING INFORMATION** |
| Child's Name: |       | Birth date: |       |  |
| Parent #1’s Name:  |       | Parent #2’s Name: |       |  |
|  |  |
| Name of Resource: |       |  |
| Address: |       |  |
| Type of Care: |       |  |
|  |  |
| **SECTION II - PLACEMENT STATUS** |
| [ ]  Initial Placement of Child in Receiving State | Date Child Placed in Receiving State: |       |  |
| [ ]  Placement Change |  | Effective Date of Change: |       |  |
|  |
| **SECTION III – COMPACT PLACEMENT TERMINATION** |
| [ ]  Adoption Finalized | [ ]  In Sending State | [ ]  In Receiving State  | [ ]  Court Order Attached |
| [ ]  Child Reached Majority/Legally Emancipated |  |
| [ ]  Legal Custody Returned to Parent(s) | [ ]  Court Order Attached |
|  Name: |       |  |
| [ ]  Legal Custody Given to Relative | [ ]  Court Order Attached |
|  |  Name: |       | Relationship: |       | [ ]  Court Order Attached |  |
| [ ]  Legal Custody Given to Other (specify):  |       | [ ]  Court Order Attached |  |
|  | Name: |       | Relationship: |       |  |  |
| [ ]  Treatment Completed |
| [ ]  Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State  |
| [ ]  Unilateral Termination |  |
| [ ]  Child Returned to Sending State |  |
| [ ]  Child Has Moved to Another State  |  |
| [ ]  Proposed Placement Request Withdrawn |
| [ ]  Approved Resource Will Not Be Used for Placement |
| [ ]  Other (Specify): |       |  |
| **Date of Termination**: |       |  |
| **SECTION IV - SIGNATURES** |
| Person/Agency Supplying Information: |  |  | Date: |  |
| Compact Administrator, Deputy or Alternate:  |  |  | Date: |  |