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|  | **Tennessee Department of Children’s Services****Interstate Compact on the Placement of Children Request** |

One form per child; please type

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| --- | --- |
| **TO:**  | **FROM:** |
| **SECTION I – IDENTIFYING DATA** |
| Notice is given of intent to place - Name of Child:      | Ethnicity: Hispanic Origin: |
|  |  | [ ]  Yes [ ]  No [ ]  Unable to Determine/unknown |
| Social Security Number: | ICWA Eligible: | Title IV-E Eligible | Race: |  |
| **-       -** | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No [ ]  Pending | **[ ]** American Indian or Alaska Native | [ ]  Native Hawaiian/Other Pacific Islander |
| Sex: | Gender: | Date of Birth: | **[ ]** Asian |  [ ]  Black or African American |
|  |  |   |  |  [ ]  White |
| Name of Parent 1: | Name of Parent 2: |
|       |       |
| Name of Agency or Person Responsible for Planning for Child: | Phone: |
|  |  |
| Address: | Email Address (optional): |
|       |  |
| Name of Agency or Person Financially Responsible for Child: | Phone: |
|       |       |
| Address: | Email address (optional): |
|       |       |
| **SECTION II – PLACEMENT INFORMATION** |
| **Types of Care Requested:****[ ]** Public Placement [ ]  Private PlacementSubsidy: [ ]  IV-E [ ]  Non IV-E [ ]  Pending [ ]  None[ ]  Adoptive Home: Finalizing in: [ ]  Sending State [ ]  Receiving State [ ]  Pending[ ]  Foster Family Home[ ]  Group Home Care[ ]  Child-Caring Institution[ ]  Residential Treatment Center[ ]  Parent[ ]  Institutional Care---Article VI Adjudicated Delinquent[ ]  Relative (Non Parent) Relationship: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other: ­­­­­­­­­­­­­­­­­\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Current Legal Status of Child:**[ ]  Sending Agency Custody/Guardianship[ ]  Parent Relative Custody/Guardianship[ ]  Court Jurisdiction Only[ ]  Protective Supervision[ ]  Parental Rights Terminated---Right to Place for Adoption[ ]  Unaccompanied Refugee Minor[ ]  Other: ­­­­­­­­­­­­­­­­­\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Person(s) or Facility Child is to be placed with: | Soc Sec # (optional):  |
|       | Soc Sec # (optional):  |
| Address: | Phone: |
|       |       |
| If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.  |
| **\*Name(s) of Prospective Adoptive or Foster Resource:** | Soc Sec # (optional):  |
|       | Soc Sec # (optional):  |
| Address: | Phone: |
|       |       |

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|  **SECTION III - SERVICES REQUESTED** |
| **Initial Report Requested (if applicable):** | **Supervisory Services Requested:** | **Supervisory Reports Requested:** |
| [ ]  Adoptive Home Study | [ ]  Request Receiving State to Arrange Supervision | [ ]  Semi-Annually |
| [ ]  Foster Home Study | [ ]  Another Agency Agreed to Supervise | [ ]  Quarterly |
| [ ]  Parent Study | [ ]  Sending Agency to Supervise  | [ ]  Monthly |
| [ ]  Relative Home Study | **[ ]**  Other: ­­­­­­­­­­­­      | [ ]  Other:  |       |  |
| Name and Address of Supervising Agency in Receiving State:       |
| Checklist and required documentation attached [ ]  Yes [ ]  No |
| Signature of Sending Agency or Person:       | Date:       |
|  |  |
| Signature of Sending State Compact Administrator, Deputy or Alternate:       | Date:       |
|  |  |
| **SECTION IV – ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC** |
| [ ]  Placement may be made |  [ ]  Placement shall not be made |
| **REMARKS:**       |
|   |
| Signature of Receiving State Compact Administrator, Deputy or Alternate: | Date: |
|       |       |