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

One form per child; please type

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Placement  Subsidy:  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: | |
|  | | | | |  | |