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|  | **Tennessee Department of Children’s Services**  **Expedited Placement Decision Home Study Request and Border Agreement**  ***Interstate Compact on the Placement of Children (ICPC)***  ***Sending Agency’s Regulation No. 7*** |

*To be submitted by Case Worker with other required ICPC materials*

1. Pursuant to the requirement of Regulation No. 7, Section 7 of the Interstate Compact on the Placement of Children

(ICPC), the following information regarding the proposed placement resource for the identified child is certified as

true based on my direct communication with the proposed placement resource on **Date of Contact.**

2. Name(s) of Child(ren) to be Placed Date of Birth Age Ethnicity Name of Parent

*(indicate mother/father)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. |  |  |  |  |  |  |  |  |  |
| b. |  |  |  |  |  |  |  |  |  |
| c. |  |  |  |  |  |  |  |  |  |
| d. |  |  |  |  |  |  |  |  |  |
| e. |  |  |  |  |  |  |  |  |  |
| f. |  |  |  |  |  |  |  |  |  |
| g. |  |  |  |  |  |  |  |  |  |

3. Name(s) of Proposed Resource Date of Birth Relationship to Child(ren) Social Security Number(s) (optional)

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| Marital Status: |  | Living with: |  |

*(Name of person if applicable)*

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| Address: |  | State: |  | Zip Code: |  |

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| Telephone Numbers: Home: |  | Work: |  | Cell: |  |

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| Best time of day to contact resource: |  | May be contacted at place of employment: | Yes  No |

|  |  |
| --- | --- |
| Employer: |  |

*(if applicable)*

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| Alternate contact name and address: |  |

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| Relationship to proposed resource: |  |

4. The proposed placement resource:

a. Fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his/her guardian

under Article VIII(a) of the ICPC.

b. Is interested in being a placement for the child(ren) and is willing to cooperate with the ICPC process.  Yes  No

c. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe, and care for the

child(ren) if placed as well as provision of child care and school tuition if applicable.  Yes  No

d. Acknowledges discussion regarding potential public and private resources available for such as documented on the

ICPC Medical/Financial Plan.  Yes  No

e. States the number of bedrooms in the residence:

f. Confirms and identifies the number of adults and children who are currently residing in the home by name, date of

birth and social secuirty number:

Name(s) of Others in the Home Date(s) of Birth Social Security Number(s)

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g. Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the

home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one

residing in the home has a criminal history of child abuse history that would prohibit the placement.  Yes  No

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| **6. ASSESSMENT OF CHILD(REN)** |

*(Complete a separate assessment for each child to be placed)*

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| a. Child Name: |  |

Special needs:

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Service needs/treatment requirements:

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School information:

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| b. Child Name: |  |

Special needs:

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Service needs/treatment requirements:

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School information:

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| c. Child Name: |  |

Special needs:

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Service needs/treatment requirements:

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School information:

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| 7. | Worker’s Name: |  |  |  |  |  |
|  |  | (*please type or print*) |  |  | (*telephone number*) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worker’s Signature: |  |  |  |  |
|  |  |  |  | (*Date*) |

|  |  |
| --- | --- |
| Email Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Supervisor’s Signature: |  |  |  |  |  |  |  |
|  | ~~(~~*~~if required~~*~~)~~ |  |  | (*Date*) |  | (*telephone number*) |  |