|  |  |
| --- | --- |
|  | **Tennessee Department of Children’s Services****Court Jurisdiction Only (CJO) ICPC Home Study Request Checklist*****Interstate Compact on the Placement of Children (ICPC)*** |

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Name: |       | Date of Birth: |       |

This checklist guides Tennessee (TN) judicial offices when submitting a request for a home study/placement under ICPC Regulations 2 or 7. The referral may be completed by the Judge’s office, attorney, or DCS court liaison if DCS has an open case and is instructed by Judge/magistrate. ICPC requests must be submitted via email to the TN ICPC office at ***tnicpc.ei-dcs@tn.gov***.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Reg 2** | **Reg 2** | **Reg 7** | **Reg 7** |
| ***Note***: If the sending agency is seeking a home study on more than one out-of-state resource, please create a separate request packet specific to each request.  | Relative/Kin Home Study | Parent Home Study | Expedited Home Study (Relative) | Expedited Home Study (Parent) |
| **Forms:** One for each child, created separately from the packet. |
| * **ICPC 100A Form CS-0525 *Judge must sign and date.***
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Request Packet**: Assemble one packet for each home study request; scan and save as a single PDF; email as Document Type: “CJO INITIAL HOME STUDY REQUEST PACKET PART 01,” add “PART 02” only if a single file exceeds 30 MB.  |
| * Cover Letter Requesting ICPC
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * **Court Order(s). *See next page for additional details.***
 |
| * Dated within the last twelve (12) months and signed by judge; must clearly establish jurisdiction of county/State.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Expedited Order of Compliance, dated within three (3) business days of submission (signed by Judge)
 |  |  | [ ]  | [ ]  |
| * Proof of living circumstances (if temporary custody with someone other than parent)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Detailed Child Summary (1 per child). Include assessments if applicable.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Financial-Medical Plan(1 per child). Form **CS-0795**
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Regulation 7 Combined Form: ICPC 101 and Signed Statement of Sending Agency Case Manager (1 per packet). Form **CS-0563**
 |  |  | [ ]  | [ ]  |
| * Sending Agency’s Case Manager Signed Statement ICPC Regulation No. 2 Form **CS-0958**
 | [ ]  | [ ]  |  |  |
| * Child(ren)’s birth certificate(s)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Child(ren)’s Social Security card(s)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| Additional documents: Provide with initial request packet if available, some states may require them to assign the case.  |
| * Proof of paternity – many states require court order or DNA testing for placement with father or unlicensed paternal relative. Contact TN ICPC with questions.
 | **May be required** | **May be required** | **May be required** | **May be required** |
|  |  |  |  |