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|  | **Tennessee Department of Children’s Services****Interstate Compact on the Placement of Children (ICPC) Placement Resource Statement of Confirmation – Regulation #7 and Border Agreement** |

1. Pursuant to the requirement of Regulation 2, Section 5 (d) of the Interstate Compact on the Placement of Children (ICPC), the following information regarding the proposed placement resource for the identified child/children is certified as true based on my direct communication with the proposed placement resource on: **(1)** **/****/** **(date of contact)**.

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| 1. **Name of Child/Children to be Placed**
 | **DOB** | **Name of Child/Children to be Placed** | **DOB** |
|       |   /  /     |       |   /  /     |
|       |   /  /     |       |   /  /     |
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| 1. ***Name of Proposed Resource***
 | ***DOB*** | ***Social Security Number*** |
|       |   /  /     |    -  -     |
| **Marital Status:** |       | **Relationship to the child/children:**  |        |
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**4.** The proposed placement resource confirms the information provided above and on the *ICPC 100A* is true: name, address, marital status, relationship to each child/children, available telephone number or other contact information**,** date of birth and social security number of the placement resource. **[ ]  YES** **[ ]  NO**

**5.** The proposed placement resource confirms:

* + 1. Is interested in being a placement for the child/children and is willing to cooperate with the ICPC process. **[ ]  YES [ ]  NO**
		2. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe and care for the child/children if placed as well as provision of child care and school tuition if applicable. **[ ]  YES** **[ ]  NO**
		3. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. **[ ]  YES** **[ ]  NO**
		4. States the number and type of rooms in the residence:
* **Total number of rooms**:
* **Number of bedrooms:**
* **Number of bathrooms:**
	+ 1. Confirms and identifies the number of adults and children, who are currently residing in the home by name, DOB and SS#:

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| **Name** | **DOB** | **Social Security Number** |
|       |   /  /     |    -  -     |
|       |   /  /     |    -  -     |
|       |   /  /     |    -  -     |

1. 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 or child abuse history that would prohibit the placement. **[ ]  YES** **[ ]  NO**
2. Pursuant to ICPC Reg. #7, this referral includes a request for concurrence to relinquish jurisdiction as the placement sought is with a parent from whom the child was not removed as documented on the ICPC Regulation #7 Expedited Decision Court order. **[ ]  YES** **[ ]  NO**
3. As certified by my signature, I am unaware of any fact that would summarily prohibit initiating the referral for the proposed placement of the above child/children with the identified resource at this time. All required referral documentation has been completed and is ready to be sent to the Tennessee DCS Interstate Compact for the Placement of Children Office for processing.

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| **Name/ Title:** |       |  | **Address:** |       |
| **Telephone No:** | (   )    -     |  | **E-Mail Address:** |       |
|  |  |   /  /     |
| ***Signature*** |  | ***Date*** |

|  |  |
| --- | --- |
| **Supervisor Name/Title:** |  |
| **Telephone No:** | (   )    -     |  | **E-Mail Address:** |       |
|  |  |   /  /     |
| ***Signature*** |  | ***Date*** |