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|  | **Tennessee Department of Children’s Services****Sending Agency’s Case Worker Signed Statement*****Interstate Compact on the Placement of Children (ICPC) Regulation No. 2*** |

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

1. Pursuant to the requirement of Regulation No. 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(ren) 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(s) of Birth Name(s) of Child(ren) to be Placed Date(s) of Birth

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3. Name(s) of Proposed Resource Date(s) of Birth Social Security Number(s) (optional)

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

4. The proposed placement resource confirms the information provided above is true; name, address, available telephone

 number or other contact information. [ ]  Yes [ ]  No

5. The proposed placement resource:

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

 b. 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

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

 ICPC Medical/Financial Plan. [ ]  Yes [ ]  No

 d. State the number of bedrooms in the residence:

 e. 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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 f. 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

6. As certified by my signature, I am unaware of any fact that would summarily prohibit initiaiting the referral for the

 proposed placement of the above child(ren) with the identified resource at this time. All required referral

 documentation has been completed and is ready to be submitted to the Sending Agency Compact Office for processing.

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|  | Worker’s Name/Title: |       |  |  |       |  |
|  |  | (*please type or print*) |  |  | (*telephone number*) |  |

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

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|  Email Address: |       |

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|  | Supervisor’s Name/Title: |       |  |  |       |  |
|  |  | (*if required, please type or print*) |  |  | (*telephone number*) |  |

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|  Supervisor’s Signature: |  |  |  |       |
|  | (*if required*) |  |  | (*Date*) |