



INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

State Form 106 (R6 / 5-17) / CW 0100A

One form per child.
Please type.

If this record pertains to an adoptive placement, it is **CONFIDENTIAL** in accordance with IC 31-19-19.
See reverse side for instructions for filling out this form.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

TO:	FROM:
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SECTION I – IDENTIFYING DATA

Notice is given of intent to place - Name of child		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/Unknown	
Social Security number		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Sex	Date of birth (month, day, year)	ICWA eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Name of parent	
Name of parent		Name of parent	
Name of agency or person responsible for planning for child		Telephone number ()	
Address (number and street, city, state, ZIP code)			
Name of agency or person financially responsible for child		Telephone number ()	
Address (number and street, city, state, ZIP code)			

SECTION II – PLACEMENT INFORMATION

Name of person(s) or facility child is to be placed with:	Social Security number (optional) *
-----	Social Security number (optional) *
Address (number and street, city, state, ZIP code)	Telephone number ()

Type of care requested:		<input type="checkbox"/> Parent	<input type="checkbox"/> ADOPTION
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Relative (not parent)	<input type="checkbox"/> IV-E Subsidy
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care – Article VI, Adjudicated Delinquent	Relationship: _____	<input type="checkbox"/> Non IV-E Subsidy
<input type="checkbox"/> Child Caring Institution		<input type="checkbox"/> Other: _____	To be finalized in:
			<input type="checkbox"/> Sending State
			<input type="checkbox"/> Receiving State

Current legal status of child:		<input type="checkbox"/> Protective Supervision
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated – Right to Place for Adoption	
<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Unaccompanied Refugee Minor	
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Other:	

SECTION III – SERVICES REQUESTED

Initial report requested (if applicable):	Supervisory services requested:	Supervisory reports requested:
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Upon Request
<input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Other:

Name and address of supervising agency in receiving state

Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures
 Home Study of Placement Resource ICWA Enclosure IV-E Eligibility Documentation

Signature of sending agency or person _____ Date (month, day, year)

Signature of sending State Compact Administrator, Deputy or Alternate _____ Date (month, day, year)

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 (month, day, year)

INSTRUCTIONS FOR THE 100A

PURPOSE: This form is initiated by the sending agency to request approval to place a child in another state. It provides relevant information regarding the placement. *Instructions for Completion:* Name and address of Compact Administrator To: and From: shall be left blank to be completed by the Indiana Interstate Office.

Section I - Identifying Data

Enter the full legal name, sex, ethnic group, race, and birthdate of the child.

Use the following codes for the child's ethnicity: AI = American Indian or Alaskan Native, OT = Native Hawaiian / Other, A = Asian, B = Black or African American, W = White.

ICWA, Indian Child Welfare Act eligibility must be checked and documented.

IV-E eligibility must be checked and documented.

If parent(s) deceased, enter "deceased" after name.

If parental rights terminated, so indicate after name; or if you prefer to withhold name, enter status of parents' rights.

Rest of Section I is self-explanatory.

Section II - Placement Information

Placement: self-explanatory. If relative, state "maternal" or "paternal".

Legal Status: self-explanatory.

Section III - Services Requested

Self-explanatory.

The 100A is to be signed by the agency / person legally responsible of the child and countersigned by the sending state's Compact Administrator or Deputy Compact Administrator.

Section IV - Action by Receiving state Pursuant to Article III (d) of the ICPC

Self-explanatory.