



**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)
STATEMENT OF FAMILY CASE MANAGER ON POTENTIAL PLACEMENT
RESOURCE (ICPC regulation 2)**

State Form 55736 (R / 1-23)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The Family Case Manager (FCM) will complete this form based on information received from contact with the potential placement resource in the receiving state and provide to the FCM Supervisor for review and signature. This form must be included in the Interstate Compact on the Placement of Children (ICPC) referral packet that is provided to the Indiana Department of Child Services (DCS) ICPC Unit if DCS wishes to proceed with an ICPC referral. A copy of this form should be kept in the child's file. See policies [9.01 Request to Place an Indiana Child in Another State](#) and [9.05 Expedited Placement for Out of State ICPC Placements](#) for additional information.

Name of Child/Children to be Placed (<i>first, middle, last</i>)	Date of Birth (<i>month, day, year</i>)

Pursuant to Indiana Code 31-28-4-1 and ICPC Regulation 2, I, _____, certify that the following information is true: (*Printed full name of FCM*)

- I have communicated directly with the potential placement resource and the potential placement resource is interested in being a placement resource for the child/children and is willing to cooperate with the ICPC process.
- The contact information for the potential placement resource is as follows:

Full name of placement resource (<i>first, middle, last</i>)		Date of birth (<i>month, day, year</i>)
Full name of placement resource (<i>first, middle, last</i>)		Date of birth (<i>month, day, year</i>)
Physical address (<i>number and street, city, state, and ZIP code</i>)		
Home telephone number ()	Cellular telephone number ()	Email address

- The full names and dates of birth of all other adults residing in the home of the potential placement resource are as follows:

Name of Adults (<i>first, middle, last</i>)	Date of Birth (<i>month, day, year</i>)

- The number of bedrooms in the home of the potential placement resource is sufficient to accommodate the child/children: Yes No

Number of bedrooms	Number of adults residing in the home	Number of children residing in the home, including the child/children to be placed
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- The potential placement resource has or will access financial resources to feed, clothe, care for, and provide childcare for the child/children if needed: Yes No
- The potential placement resource acknowledges that a criminal records check and a Child Protective Services (CPS) history check will be completed on all persons residing in the home under the law of the receiving state; and to the best knowledge of the potential placement resource, no one residing in the home has a criminal or CPS history that would prohibit the placement: Yes No

Signature of Family Case Manager (FCM)	Date (<i>month, day, year</i>)
Email address	Telephone number ()
Signature of Family Case Manager (FCM) Supervisor	