



**Interstate Compact on the Placement of Children (ICPC) Financial and Medical Responsibility Acknowledgement and Placement Disruption Agreement (ICPC Regulation 4)**  
State Form 57215 (1-23)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** When requesting placement of an Indiana child at an out-of-state residential facility, the Family Case Manager (FCM) will complete sections I and II and the Probation Officer (PO) will complete section III of this form and include this form in the Interstate Compact on the Placement of Children (ICPC) referral packet provided to the DCS ICPC Unit. See policy [9.01 Request to Place an Indiana Child in Another State](#) for more information.

Name of child (first and last)	Date of Birth (month, day, year)
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**SECTION I - Financial and Medical Responsibility Acknowledgement (DCS use only)**

The Indiana Department of Child Services (DCS) is responsible, upon approval by DCS, for all residential treatment expenses and medical and dental expenses related to the admission of the child while receiving residential treatment at (facility name) located at (facility address).

Signature of FCM	Date (month, day, year)
Signature of the DCS local office director (LOD) or designee	Date (month, day, year)

**SECTION II - DCS Placement Disruption Agreement (DCS use only)**

In the event of placement disruption at the residential facility, including a request from the receiving state to remove the child, DCS agrees to prioritize the return of the child to Indiana.

Signature of FCM	Date (month, day, year)
Signature of the DCS LOD or designee	Date (month, day, year)

**SECTION III - Probation Placement Disruption Agreement (Probation use only)**

In the event of placement disruption at the residential facility, including a request from the receiving state to remove the child, the probation department agrees to prioritize the return of the child to Indiana.

Signature of Probation Officer	Date (month, day, year)
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