



INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REPORT ON CHILD'S PLACEMENT STATUS

State Form 26174 (R4 / 5-17) / CW 0100B

**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.**

TO:	FROM:
SECTION I – IDENTIFYING INFORMATION	
Name of child	Date of birth <i>(month, day, year)</i>
Name of parent	Name of parent
SECTION II – PLACEMENT STATUS	
<input type="checkbox"/> Initial Placement of Child in Receiving State	Date child placed in receiving state <i>(month, day, year)</i>
Name of resource	
Address <i>(number and street, city, state, ZIP code)</i>	
Type of care	
<input type="checkbox"/> Placement Change	Effective date of change <i>(month, day, year)</i>
Name of resource	
Address <i>(number and street, city, state, ZIP code)</i>	
Type of care	
SECTION III – COMPACT PLACEMENT TERMINATION	
<input type="checkbox"/> Adoption Finalized <input type="checkbox"/> In Sending State <input type="checkbox"/> In Receiving State <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Child Reached Majority / Legally Emancipated <input type="checkbox"/> Legal Custody Returned to Parent(s) <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Legal Custody Given to Relative <input type="checkbox"/> Court Order Attached	
Name	Relationship
<input type="checkbox"/> Treatment Completed <input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State <input type="checkbox"/> Unilateral Termination <input type="checkbox"/> Child Returned to Sending State <input type="checkbox"/> Child Has Moved to Another State <input type="checkbox"/> Proposed Placement Request Withdrawn	
Name of placement resource	
<input type="checkbox"/> Approved resource will not be used for placement.	
Name of approved placement	
<input type="checkbox"/> Other <i>(specify):</i>	
Date of termination <i>(month, day, year)</i>	
SECTION IV – SIGNATURES	
Signature of person / agency supplying information	Date <i>(month, day, year)</i>
Signature of Compact Administrator, Deputy or Alternate	Date <i>(month, day, year)</i>

INSTRUCTIONS FOR THE 100B

- A. Section II - Confirm Initial Placement Date.
- B. Section II - Placement Change **AFTER** action on ICPC 100A.
- C. Section III - Adoption Finalized.
- D. Section III - Child Reached Majority / Legally Emancipated.
- E. Section III - Treatment Completed.
- F. Section III - Sending State's Jurisdiction Terminated.
- G. Section III - Child Returned to Sending State.
- H. Section III - Placement Request Withdrawn **BEFORE** any action has been taken on the ICPC 100A.
- I. Approved Resource Will Not Be Used for Placement after ICPC 100A'S approved.

Name and address of Compact Administrator **To:** and **From:** should be left blank.

Person / Agency completing form should sign in first block and identify agency and date signature.
The second block is to be signed and dated in the Interstate Office.