## Please Type One Form per Child

## INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

|  |  |
| --- | --- |
| **TO: Virginia**  | **FROM: Tennessee** |
| SECTION I – IDENTIFYING DATA |
| Notice is given of intent to place - Name of Child:Michael Collins | Race/Ethnicity:  | Hispanic Origin: |
|  |  | [ ]  Multi-Racial | [ ]  Yes [x]  No |
| Social Security Number: | ICWA Eligible: | [x]  White | [ ]  Black or African American |
| **-       -** | [ ]  Yes [x]  No  | [ ]  American Indian or Alaskan Native |
| Sex: | Date of Birth: | Title IV-E eligibility: | [ ]  Asian  | [ ]  Native Hawaiian / Other Pacific Islander  |
| **Male** | **6/27** | [ ]  Yes [x]  No [ ]  Pending  | **[ ]** Unable to determine/ unknown |  |
| Name of Mother: | Name of Father: |
| Marilyn Steward | Richard Collins |
| Name of Agency or Person Responsible for Planning for Child: | Phone: |
| **FSW** |  |
| Address: |
|       |
| Name of Agency or Person Financially Responsible for Child: | Phone: |
| DCS |       |
| Address: |
|       |
| **SECTION II – PLACEMENT INFORMATION** |
| Name of Person(s) or Facility Child is to be placed with: | Soc Sec #:  |
| Richard Collins | Soc Sec #:  |
| Address: | Phone: |
| 894 Summer Circle, Bovine, VA 22193 | 276-547-2341 |
| **Type of Care Requested:** |  | [x]  Parent | [ ]  ADOPTION |
| [ ]  Foster Family Home |  | [ ]  Relative (Not Parent) | [ ]  IV-E Subsidy  |
| [ ]  Group Home Care |  |  Relationship:       | [ ]  Non IV-E Subsidy  |
| [ ]  Child Caring Institution |  |   | To Be Finalized In: |
| [ ]  Residential Treatment Center  | [ ]  Other:       | [ ]  Sending State |
| [ ]  Institutional Care-Article VI, Adjudicated Delinquent |   | [x]  Receiving State |
| **Current Legal Status of Child:** [ ]  Protective Supervision  |
| **[x]** Sending Agency Custody/Guardianship | [ ]  Parental Rights Terminated-Right to Place for Adoption |
| **[ ]** Parent Relative Custody/Guardianship | [ ]  Unaccompanied Refugee Minor |
| **[ ]** Court Jurisdiction Only | [ ]  Other: |       |  |
|  **SECTION III - SERVICES REQUESTED** |
| **Initial Report Requested (if applicable):** | **Supervisory Services Requested:** | **Supervisory Reports Requested:** |
| [x]  Parent Home Study | [x]  Request Receiving State to Arrange Supervision | [ ]  Quarterly |
| [ ]  Relative Home Study | [ ]  Another Agency Agreed to Supervise | [ ]  Semi-Annually |
| [ ]  Adoptive Home Study | [ ]  Sending Agency to Supervise  | [x]  Upon Request |
| [ ]  Foster Home Study |  | [ ]  Other:  |  |  |
| Name and Address of Supervising Agency in Receiving State: Virginia DCS |
| **Enclosed**: | [ ] Functional Assessment/Child's Social History | [x]  Court Order | [ ]  Financial/Medical Plan [ ]  Other Enclosures |
|  | [ ]  Home Study of Placement Resource | [ ]  ICWA Enclosure | [ ]  IV-E Eligibility Documentation |
|  |
| Signature of Sending Agency or Person: FSW | Date:       |
|  |  |
| Signature of Sending State Compact Administrator, Deputy or Alternate:       | Date:       |
|  |  |
| 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: |
|       |       |