## 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  No | | | | | |
| Social Security Number: | | | | | ICWA Eligible: | | | | | | | | White | | | | | | | Black or African American | | | | | |
| **-       -** | | | | | Yes  No | | | | | | | | American Indian or Alaskan Native | | | | | | | | | | | | |
| Sex: | | | Date of Birth: | | | Title IV-E eligibility: | | | | | | | Asian | | | Native Hawaiian / Other Pacific Islander | | | | | | | | | |
| **Male** | | | **6/27** | | | Yes  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:** | | | |  | | | | | 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 | | | | | | | | |  | | | | | | | | | | | | Receiving State | | | | |
| **Current Legal Status of Child:**  Protective Supervision | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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:** | | | | | | |
| Parent Home Study | | | | | | | Request Receiving State to Arrange Supervision | | | | | | | | | | | | Quarterly | | | | | | |
| Relative Home Study | | | | | | | Another Agency Agreed to Supervise | | | | | | | | | | | | Semi-Annually | | | | | | |
| Adoptive Home Study | | | | | | | Sending Agency to Supervise | | | | | | | | | | | | Upon Request | | | | | | |
| Foster Home Study | | | | | | |  | | | | | | | | | | | | Other: | | | |  | |  |
| Name and Address of Supervising Agency in Receiving State: Virginia DCS | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enclosed**: | Functional Assessment/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: 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: | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |