

**Clear**

SENDING STATE PRIORITY HOME STUDY REQUEST (ICPC Regulation #7 Request Only)

ASSOCIATION OF ADMINISTRATORS
OF THE INTERSTATE COMPACT ON
THE PLACEMENT OF CHILDREN
ICPC 101 (Aug 96)

To Be Submitted By Social Worker With Other Required ICPC Materials (See CFOP 175-55)			
Name of Child To Be Placed		Age	Mother's Name
Ethnic Group	Date of Birth		Father's Name
PROPOSED CARETAKER			
Name		Marital Status	Living With (Name)
Address		City, State, Zip Code	
Home Telephone Number	Work Telephone Number ext.		Social Security Number
Relationship to Child Identified Above	Best Time of Day to Contact Caretaker and Telephone Number, if different		
Employer (if applicable) and Address			Telephone Number
Alternate Contact Name and Relationship to Child			
Alternate Contact Address			Telephone Number
ASSESSMENT OF CHILD			
Case Plan Attached? ☐ YES ☐ NO Financial/Medical Plan Attached? ☐ YES ☐ NO			
Special Needs			
Handicaps — Mental/Physical			
Service Needs/Treatment Requirements			
School Information			
Other Required Pertinent Information Regarding Child and Family Will Follow? ☐ YES ☐ NO			
Worker's Name (Please Print)	Supervisor's Name (Please Print)	Unit's Phone No. (NOT SunCom) ext.	Unit's FAX No. (NOT SunCom)
Worker's Signature	Date	Supervisor's Signature	Date