

**INTERSTATE COMPACT PLACEMENT REQUEST (ICPC 100-A)**

<b>TO:</b> (Name and Address of Compact Administrator in Receiving State)	<b>FROM:</b> <b>Texas Department of Family and Protective Services</b> <b>PO Box 149030</b> <b>Austin, Texas 78714-9030</b>
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**SECTION I – IDENTIFYING DATA**

NOTICE IS GIVEN OF INTENT TO PLACE (NAME OF CHILD)	SEX	DATE OF BIRTH	ETHNIC GROUP
NAME OF MOTHER	NAME OF FATHER		
NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD		TELEPHONE NO.	
ADDRESS			
NAME OF AGENCY OR PERSON INANCIALLY RESPONSIBLE FOR CHILD		TELEPHONE NO.	
ADDRESS			

**SECTION II – PLACEMENT INFORMATION**

NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH		TELEPHONE NO.
ADDRESS		DATE PLACED:
<b>TYPE OF CARE</b>	<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Parent <input type="checkbox"/> Foster Family Care <input type="checkbox"/> Child-Caring Institution <input type="checkbox"/> Relative (Not Parent) Relationship _____ <input type="checkbox"/> Institutional Care (Article VI) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Adoption <input type="checkbox"/> Subsidy/IV-E Assistance To be completed in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State
<b>LEGAL STATUS</b>		<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor Other: _____
<input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent/Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only		

**SECTION III – SERVICE REQUESTED**

<b>INITIAL REPORT (if applicable)</b>	<b>SUPERVISORY SERVICES</b>	<b>SUPERVISORY REPORTS</b>
<input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	<input type="checkbox"/> Request Receiving State to arrange supervision <input type="checkbox"/> Another State Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other: _____
NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE		
ENCLOSED <input type="checkbox"/> Child’s Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> Other enclosures		
SIGNATURE OF SENDING AGENCY OR PERSON		DATE SIGNED
SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR ALTERNATIVE		DATE SIGNED

**SECTION IV – ACTION BY RECEIVING STATE**

<input type="checkbox"/> Placement May Be Made <input type="checkbox"/> Placement Shall Not Be Made	REMARKS
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR ALTERNATIVE	
DATE SIGNED	
<b>DISTRIBUTION – SENDING AGENCY:</b> Make six (6) copies of this form. Retain one (1) and send five (5) to the Compact Administrator (TDPRS) at the address above.	