

COMPACT FORM (ICPC 100-B)

TO: : (Name and Address of Compact Administrator in Receiving State)	FROM: Texas Department of Family and Protective Services PO Box 149030 Austin, Texas 78714-9030
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IDENTIFYING INFORMATION

CHILD'S NAME	DATE OF BIRTH
MOTHER'S NAME	FATHER'S NAME
NAME OF PLACEMENT RESOURCE	

PLACEMENT STATUS

<input type="checkbox"/> PLACEMENT REQUEST WITHDRAWN	DATE WITHDRAWN	
<input type="checkbox"/> INITIAL PLACEMENT WITH		
DATE OF PLACEMENT	NAME	TYPE OF CARE
ADDRESS		
<input type="checkbox"/> PLACEMENT CHANGE		
DATE OF CHANGE	NAME	TYPE OF CARE
ADDRESS		

COMPACT TERMINATION

<input type="checkbox"/> ADOPTION FINALIZED	<input type="checkbox"/> IN SENDING STATE	<input type="checkbox"/> IN RECEIVING STATE
<input type="checkbox"/> CHILD REACHED MAJORITY/LEGALLY EMANCIPATED		
<input type="checkbox"/> LEGAL CUSTODY AND/OR GUARDIANSHIP AWARDED AND/OR RETURNED TO	NAME	RELATIONSHIP
<input type="checkbox"/> TREATMENT COMPLETED		
<input type="checkbox"/> SENDING STATE'S JURISDICTION TERMINATED	<input type="checkbox"/> UNILATERALLY	
<input type="checkbox"/> CHILD RETURNED TO SENDING STATE		
<input type="checkbox"/> APPROVED RESOURCE WILL NOT BE USED FOR PLACEMENT		
<input type="checkbox"/> OTHER (<i>SPECIFY</i>)		
DATE OF TERMINATION		

SIGNATURE – PERSON/AGENCY SUPPLYING INFORMATION DATE SIGNED

SIGNATURE – REPORTING COMPACY ADMINISTRATOR OR ALTERNATIVE DATE SIGNED

DISTRIBUTION – SENDING AGENCY: Make four (4) copies of this form. Retain one (1) and send three (3) to the Compact Administrator (TDPRS) at the address above.