

Ohio Department of Children and Youth
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST (100A)

TO: _____ **FROM:** _____

SECTION I - IDENTIFYING DATA

Notice is given of intent to place - Name of Child _____

Social Security Number: ICWA Eligible Yes No Title IV-E Eligible Yes No Pending

Sex: _____ Gender: _____ Date of Birth: _____

Name of Parent 1: _____ Name of Parent 2: _____

Name of Agency or Person Responsible for Placement: _____ Phone: _____

Address: _____ Email Address (optional): _____

Name of Agency or Person Financially Responsible: _____ Phone: _____

Address: _____ Email Address (optional): _____

SECTION II - PLACEMENT INFORMATION

Types of Care Requested: Public Placement Private Placement

Current Legal Status of Child: Parent Relative Custody/Guardianship

Adoptive Home: Finalizing in: Sending State Receiving State Pending

Foster Family Home Residential Treatment Center

Group Home Care Residential Care - Article VI Adjudicated Delinquent

Institutional Care - Article VI Adjudicated Delinquent

Relative (Not Parent) Relationship: _____

Other: _____

Name of Person(s) or Facility Child is to be placed with: _____ Soc. Sec. # (optional): _____

Address: _____ Phone: _____

Name(s) of Prospective Adoptive or Foster Resource: _____ Soc. Sec. # (optional): _____

Address: _____ Phone: _____

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable): Adoptive Home Study Foster Home Study Parent Study Relative Home Study

Supervisory Services Requested: Request Receiving State to Arrange Supervision Another Agency Agreed to Supervise Sending Agency to Supervise Other _____

Supervisory Reports Requested: Semi-Annually Quarterly Monthly Other _____

Name and Address of Supervising Agency in Receiving State: _____

Enclosed: 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: _____ 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: _____

This can be left blank, it will be To the Receiving State where the facility/resource is located and From the Ohio ICPC Office

ICWA means if the child is covered under the Indian Child Welfare Act (this is typically no) and Title IV-E Eligible usually refers only to children in custody. For private residential placements, this is almost exclusively 'No'

name and contact information of facility here

usually put "Other" and Not Requested for both Supervisory and Reports

Typically just check these items, the other items are not required (unless the receiving state requires them)

for OhioRise youth, the parents/guardians would be the individual both responsible for placing and financial, so their contact information should be put here

enter PRTE if applicable here

can leave blank

leave blank

leave blank (for you can enter facility again)

The parent or guardian needs to sign here, not OhioRise/Care Coordination State ICPC staff will sign here

Receiving State will indicate permission and sign here.