

Ohio Department of Children and Youth
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS (100B)

TO (Name and Address of ICPC Administrator in Receiving State) (State ICPC office where placement is located)	FROM Ohio ICPC Office
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SECTION I: IDENTIFYING INFORMATION	
Child's Name	Birthdate
Parent 1	Parent 2
Name of Resource:	
Address:	
Type of Care:	

SECTION II: PLACEMENT STATUS (CHECKED BOX APPLIES)	
<input type="checkbox"/> Initial Placement of Child in Receiving State	Date Child Placed in Receiving State:
<input type="checkbox"/> Placement Change	Effective Date of Change:

SECTION III: COMPACT TERMINATION (CHECKED BOX APPLIES)	
Date of Termination	
<input type="checkbox"/> Adoption Finalized: <input type="checkbox"/> in Sending State <input type="checkbox"/> in Receiving State <input type="checkbox"/> Court Order Attached	
<input type="checkbox"/> Child Legally Emancipated/Reached Majority	
<input type="checkbox"/> Child Returned to Sending State	
<input type="checkbox"/> Child Has Moved to Another State	
<input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State	
<input type="checkbox"/> Unilateral Termination	
<input type="checkbox"/> Proposed Placement Request Withdrawn	
<input type="checkbox"/> Approved Resource Will Not Be Used For Placement	
<input type="checkbox"/> Legal Custody Given to Relative: Name:	
<input type="checkbox"/> Legal Custody Returned to Parent(s): Name:	
<input type="checkbox"/> Legal Custody Given to Other: Name:	
<input type="checkbox"/> Treatment Completed	
<input type="checkbox"/> Other (Specify)	

SIGNATURES	
Person/Agency Supplying Information	Date Signed
Compact Administrator, Deputy, or Alternate <i>state worker will sign here</i>	Date Signed

DISTRIBUTION: Refer to the applicable OAC rule in Chapter 5101:2-52.

Fill out:
 Child's name
 Birth date
 Parent/guardian name
 Name of Resource = facility or family, their address and type of care (Residential Treatment, etc.)

Fill out this section when informing the State of placement into the facility - check the box and enter the date they were placed. Sign at the bottom, and that is all that would be needed for initial placement.

rarely used, only if moving to a different family/facility in the same state.

Enter information in this section at the time of placement discharge - Enter Date of Termination as the day youth left facility/placement, and check the reason why - most typical is Treatment Completed or Child Returned to Sending State

Signature of person submitting information, either for informing of placement or discharge (does not have to be parent/guardian)