

# Home Study Request Checklist

For additional information on rules governing ICPC, review [ICPC Regulations, Articles](#) and Ohio [ORC](#) & [OAC](#).

<b>Type of Home Study Request</b>
<ul style="list-style-type: none"> <li>▪ <b>Foster Care / Adoption Home Study</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Relative Home Study</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Parent Home Study</b></li> </ul>

Request Contains	Home Study Request Requirements
	<p>Signed 100A Form  <a href="#">DCY 01661 ICPC Request</a></p>
	<p><b>Cover Letter and Case Manager Statement</b>            Include the following:</p> <ul style="list-style-type: none"> <li>• Name, office location, telephone number and email of the caseworker and supervisor</li> <li>• Type of study requested</li> <li>• Information on the Proposed Placement Resource:               <ul style="list-style-type: none"> <li>○ Names and dates of birth of all members of the household</li> <li>○ Relationship to child(ren)</li> <li>○ Physical address and all available phone numbers &amp; e-mails</li> <li>○ How the resource was identified</li> <li>○ Confirmation the potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process</li> <li>○ Any known information about the safety of the proposed home</li> <li>○ Describe the number and type of bedrooms in the home of the placement resource to accommodate the child under consideration and the number of people, including children, who will be residing in the home.</li> <li>○ Confirmation that the potential placement resource acknowledges that he/she has sufficient financial resources or will access financial resources to feed, clothe, and care for the child, including child care, if needed.</li> <li>○ Preliminary background check information (if available) or acknowledgement that placement resource will cooperate with criminal records and child abuse history checks completed for any persons residing in the home required to be screened under the law of the receiving state</li> <li>○ Any pending licensing or approval requirements</li> </ul> </li> <li>• Any history of the child being placed with the proposed provider in the past and relevant information about this.</li> <li>• Level of supervision requested (e.g., monthly home visits by the receiving state’s local agency)</li> <li>• Any other facts the receiving state may need to make a decision (e.g., expected timeline, court dates, parent contact, special cultural or language needs)</li> </ul>
	<p><b>Child summary</b></p> <ul style="list-style-type: none"> <li>• Child’s full name, date of birth</li> <li>• Custodial agency (e.g., county PCSA)</li> <li>• Current legal custody status</li> <li>• Relevant court orders (dates and jurisdictions)</li> <li>• Brief summary of why the child came to the agency’s attention and past custodial history</li> <li>• Permanency plan goal</li> <li>• Family composition and relationships, with current visitation schedule</li> <li>• Child’s developmental status</li> <li>• Physical health (medical needs, appointments, immunizations)</li> </ul>

	<ul style="list-style-type: none"> <li>• Mental/behavioral health needs (diagnoses, services, medications)</li> <li>• Education status (school, grade level, IEP/504 plans, attendance)</li> <li>• Services the child will need in the receiving state (e.g., school enrollment, medical care, counseling)</li> <li>• Strengths, interests, and any special needs</li> </ul>
	<p><b>Legal documentation</b>          (To include a current order of legal custody, temporary custody, protective supervision, planned permanent living arrangement, permanent commitment, permanent custody as a result of the permanent surrender of child or a direct court placement.)</p>
	<p><b>Case plan</b></p>
	<p><b>Financial/Medical Plan - <a href="#">DCY 02424 ICPC Placement Financial Information</a></b>          Include any Title IV-E Eligibility verification and an explanation of the current status as available. Some states may require additional documentation of IV-E eligibility</p>
	<p>Child's social security number and copy of the card if available, birth certificate and immunization record. (If available)</p>

Reviewed by: \_\_\_\_\_

(Rev. 7/2025)