

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)



WHY IS THE COMPACT NEEDED?

- ▣ To provide a home study and assess if the placement is in the best interest of the child. The home study is done to determine if there are any apparent conditions that may present a threat of harm to the child.
- ▣ Allows financial and medical plan to be put in place prior to placement. This generally includes Temporary Assistance to Needy Families (TANF), Medicaid or foster payment.
- ▣ Ensures the sending agency does not lose court jurisdiction over the child once the child moves to the receiving state.

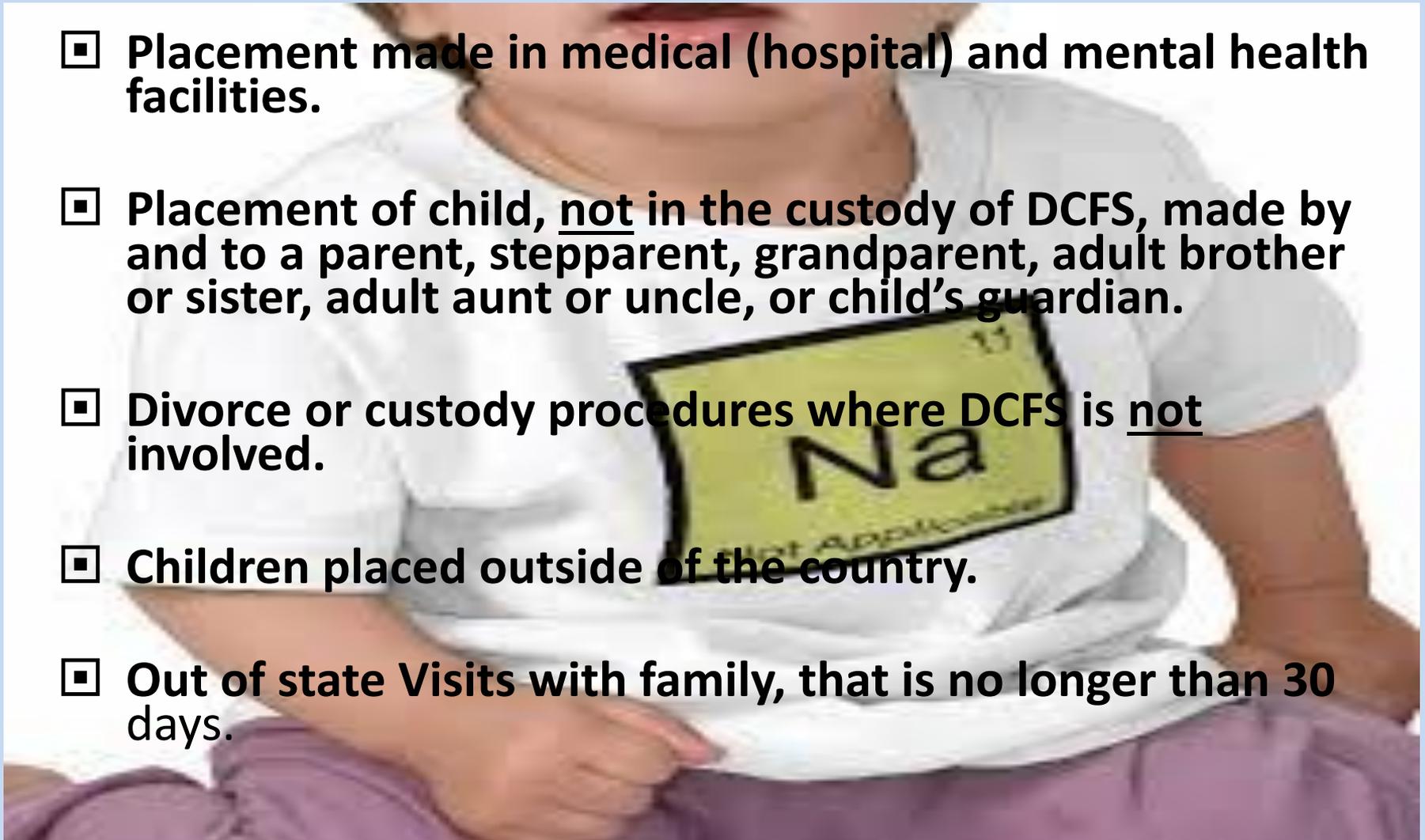


WHO DOES THE COMPACT APPLY TO?

- ▣ The compact applies to children in temporary custody of DCFS (SCF) or under DCFS court jurisdiction Protective Supervision Services (PSS), including children who may be in the temporary custody of kin.
- ▣ Placements into foster care, including foster homes, group homes and residential treatment facilities.
- ▣ Placements with parents and relatives made by DCFS.
- ▣ Placements into prospective adoptive homes.

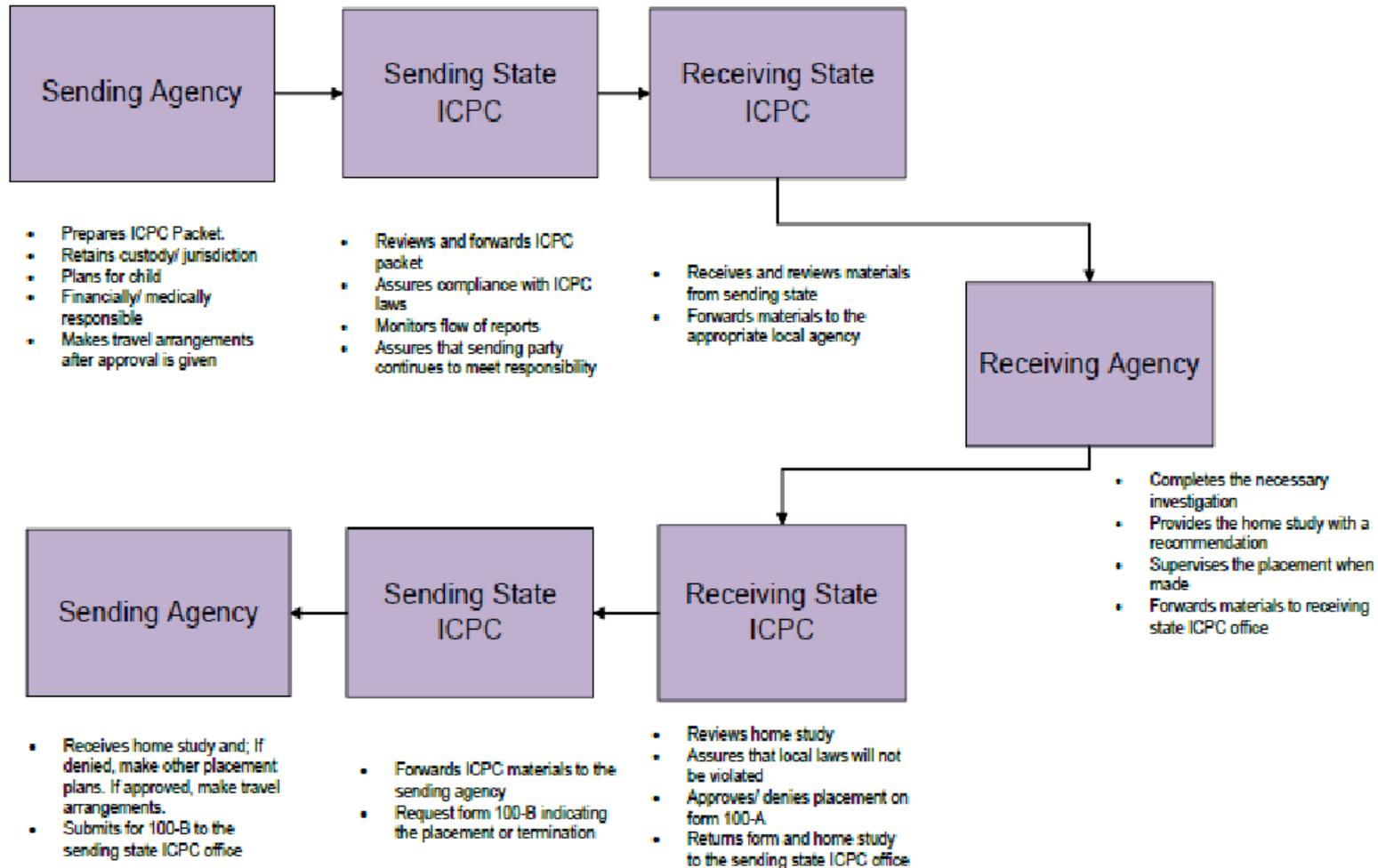
WHO DOES IT NOT APPLY TO?

- ▣ Placement made in medical (hospital) and mental health facilities.
- ▣ Placement of child, not in the custody of DCFS, made by and to a parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or child's guardian.
- ▣ Divorce or custody procedures where DCFS is not involved.
- ▣ Children placed outside of the country.
- ▣ Out of state Visits with family, that is no longer than 30 days.



ICPC Procedures Flowchart

Request for ICPC Approval



The Seven Steps to ICPC

Revised 4-17-2017

1. **Fill out the ICPC Form 100 A document in SAFE.** (*Sign & make 5 copies*)
2. **Pull and make 3 copies of:**
 - Mental health assessment
 - Dental and medical forms -Check with nurse YES (*Is the Health Check completed or medication needed?*)
 - Child and Family Plan or Case Notes
 - Most recent Signature Progress Summaries or History
 - All educational information if child is attending school(*Report cards, IEP's*)
 - Birth certificates and social security cards
 - Signed** court orders requesting the ICPC, confirming that Utah DCFS has Custody/Jurisdiction/PSS over the child.
3. **Complete the ICPC 6 - "ICPC Request Cover Letter/Case Manager Statement" form found in SAFE.**

This form is twofold: Provides for a cover letter and confirms the case manager made contact with the proposed placement in the receiving State. ICPC regulations require that the proposed placement be pre-screened prior to submitting an ICPC request. The pre-screening process ensures that the proposed placement is an appropriate resource and is willing to cooperate with the ICPC process.
4. **Complete the medical/financial plan document on SAFE.** (*3 copies*)

Only choose one plan that applies to the type of home study.
5. **Submit this packet to your Region ICPC Coordinator or directly to the State Office if urgent.**
6. **Submit 100B's:** When you receive the approval and placement is considered. 100B(s) will notify the receiving state that the child is coming and to initiate courtesy supervision. Your case must remain open until the receiving state has given you concurrence to close.
7. **Submit 100B's:** When there is termination of DCFS custody or the child returns to Utah or you decide not to utilize the proposed placement, please submit 100B(s) to close the ICPC case.

***When requesting a Regulation No. 7 (Expedited), include all of the above as well as ICPC 3-"Regulation 7 Order of Compliance" signed by the Judge, ICPC 5-"Regulation 7 Cover letter/Case Manager Statement" and ICPC 101-"Sending State Priority Home Study Request". (See DCFS Guidelines Section 703 for Regulation 7 mandatory timeframes).**

Financial responsibility will always primarily be Utah's responsibility until the courts have terminated jurisdiction and our case is closed, even if the family is supporting the child's needs in the other state.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

One form per child

To: Nevada County Public Social Services
P O Box 1210
950 Maldu Ave
Nevada City, CA 95959-

From: Department of Human Services - DCFSS
Interstate Compact Coordinator
195 North 1950 West
Salt Lake City, UT 84116

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child: Willow, Globe		Hispanic Origin: <input type="radio"/> Hispanic <input checked="" type="radio"/> Non-Hispanic <input type="radio"/> Client Declined <input type="radio"/> Unknown <input type="radio"/> Client Can't Report <input type="radio"/> Client Doesn't Know	
Social Security Number: 070-49-8702		ICWA Eligible <input type="radio"/> Yes <input type="radio"/> No	
Sex: <input type="radio"/> Male <input checked="" type="radio"/> Female		Title IV-E determination <input checked="" type="radio"/> Yes <input type="radio"/> Pending <input type="radio"/> No	
Date of Birth 18Aug2004		Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Client Can't Report <input type="checkbox"/> Client Declined <input type="checkbox"/> Client Doesn't Know	
Name of Mother: Willow, Salix		Name of Father: Willow, Willy	
Name of Agency or Person Responsible for Planning for Child: Division of Child and Family Services		Phone: (801) 395-9530	
Address: 1950 East 25th Street, Odgen, Utah 84401			
Name of Agency or Person Financially Responsible for Child: Division of Child and Family Services		Phone: (801) 395-9530	
Address: 1950 eAST 25th Street, Odgen, Utah 84401			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with: Scarlet Sage		Soc Sec # (optional): - - Soc Sec # (optional): - -	
Address: 6150 Mountain View Drive, Winnemucca, Nevada 89445		Phone: (775) 304-3128	
Type of Care Requested: <input type="radio"/> Foster Family Home <input type="radio"/> Residential Treatment Center <input type="radio"/> Group Home Care <input type="radio"/> Institutional Care-Article VI, Adjudicated Delinquent <input type="radio"/> Child Caring Institution <input type="radio"/> Parent		<input checked="" type="radio"/> Relative (Not Parent) Relationship: Maternal Aunt <input type="radio"/> Other	
Current Legal Status of Child: <input checked="" type="radio"/> Sending Agency Custody/Guardianship <input type="radio"/> Parent Relative Custody/Guardianship <input type="radio"/> Court Jurisdiction Only <input type="radio"/> Protective Supervision		<input type="radio"/> Parental Rights Terminated-Right to Place for Adoption <input type="radio"/> Unaccompanied Refugee Minor <input type="radio"/> Other:	
SECTION III - SERVICES REQUESTED			
Initial Report Requested (if applicable): <input type="radio"/> Parent Home Study <input checked="" type="radio"/> Relative Home Study <input type="radio"/> Adoptive Home Study <input type="radio"/> Foster Home Study		Supervisory Services Requested: <input checked="" type="radio"/> Request Receiving State to Arrange Supervision <input type="radio"/> Another Agency Agreed to Supervise <input type="radio"/> Sending Agency to Supervise	
Supervisory Reports Requested: <input checked="" type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Upon Request <input type="radio"/> Other:			
Name and Address of Supervising Agency in Receiving State:			
Enclosed: <input checked="" type="checkbox"/> Child's Social History <input checked="" type="checkbox"/> Court Order <input checked="" type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input checked="" type="checkbox"/> 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			
<input type="radio"/> Placement may be made <input type="radio"/> Placement shall not be made			
Remarks:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:		Date:	

DISTRIBUTION (Complete six (6) copies):

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.

This form is the
 ICPC 100A.
 It is located in SAFE
 Forms under ICPC.

ICPC MEDICAL & FINANCIAL PLAN

The sending state retains legal, financial and medical responsibility for the child until the ICPC is legally terminated.

Child's Name: Globe Willow Gender: Female Date of Birth: 08/18/2004

Placement Resource Name: Scarlet Sage Relationship to Child: Maternal Aunt

Request for a PARENT HOME STUDY

- The parent has agreed to be responsible for providing for the financial needs of this child.
- The parent has agreed to be responsible for providing medical coverage for this child.
- Parent has option to apply for (TANF) Temporary Assistance for Needy Families.

Request for a RELATIVE HOME STUDY

- If the child is eligible for a Relative TANF Grant, the Relative should apply on the child's behalf, and the medical card can be issued.

(Please note: worker is responsible to provide all necessary documentation to relative, at time of placement, including Birth Certificate, Social Security Number and Court Order making placement.)

Request for a FOSTER HOME STUDY/LICENSE

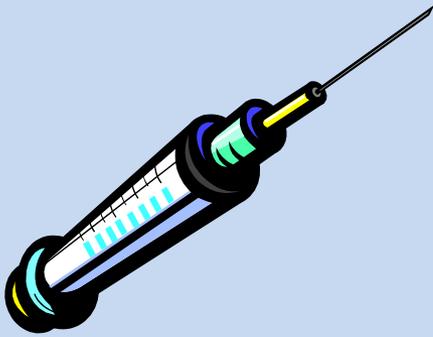
(Federal Medicaid-Title IV-E Eligibility/Ineligibility)

- This child is Title IV-E foster care eligible. _____
(Signature of Worker)
- The Sending State will pay Sending State foster care rates based on the child's eligibility.
- Children determined Title IV-E eligible are eligible for Medicaid in the Receiving State. Medicaid in the Sending State will be terminated on the last day of the month in which the child leaves the Sending State. Please instruct foster parent or licensed relative regarding procedures necessary to receive Medicaid in the Receiving State.
- This child is NOT Title IV-E eligible. _____
(Signature of Worker)
- Children determined **NOT** Title IV-E eligible are **NOT** eligible for Foster Care Medicaid in the Receiving State.
- Worker is aware that Sending State is responsible for all medical care of the child.

Request for an ADOPTION HOME STUDY

- This child is Title IV-E foster care eligible. _____
(Signature of Worker)
- Worker has discussed with placement that subsidized adoption assistance may be available, if eligible child will qualify for ICAMA.
- This child is NOT Title IV-E eligible. _____
(Signature of Worker)
- Worker has discussed with placement that the state funded assistance may be available, if eligible child will qualify for ICAMA in a state with reciprocity.

Worker Signature: _____ Date: _____



This is the ICPC Medical And Financial Plan. It is located in SAFE Forms under ICPC.

EXPEDITED/ REGULATION 7 TIME FRAME

Court to DCFS Agency

2 Business Days

Agency to ICPC Office

3 Business Days

ICPC to Receiving State

2 Business Days

Child is placed in DCFS custody or under court jurisdiction.

DCFS worker determines if child falls into 1 of 4 categories for Reg. 7
*1

DCFS worker contacts potential caretaker and fills out Statement of Casemanager. *2

DCFS worker compiles ICPC packet, to include Statement of Casemanager and signed Reg. 7 court order, and submits to UT ICPC within 3 business days.

Judge Signs Reg. 7 Order of Compliance for Expedited Placement, found in SAFE, provided to worker at court or within 2 business day.

DCFS worker presents Statement of Casemanager to Judge and if appropriate Judge orders Reg. 7.

UT ICPC sends ICPC packet to Receiving State ICPC by overnight mail within 2 business days.

Receiving state ICPC assigns to worker within 2 business days, and returns to UT ICPC within 20 days of receipt in receiving state.

UT ICPC sends completed home study to DCFS worker by email with instructions for placement.

This form is found in SAFE in the Person Section, workers have ability to view this page and see updates on ICPC status.

Person - 2303490 [Wilow, Globe - 070498702]

Person: Wilow, Globe Client ID: 070498702 Person ID: 2303490 DOB: 25Aug2004 Gender: M

General | Ref/Case | Eligibility - Entry | Health | Psychosocial | Education | Purch Svc | Court | Relationships | History | Worker | Rep Payee | ICPC

Received 100A	Type Of Care	Approval	Placement	Status
08JUL10	Relative - Outgoing	09AUG10	31JAN11	Open

ICPC Office Info

From State: Utah To State: Nevada

Utah DCFS Region:

ICPC Office: Nevada DCFS

Address: 4126 Technology Way
3rd Floor

City/County: Carson City

State: Nevada Zip: 89706-

Phone: (775) 684-4418 Fax: () -

Home Study

Request Date: 08JUL10 Completed: 09AUG10

Status: 09FEB11

Status Notes:

Sent request for study to be done on Maternal Aunt.

11Aug10 11:39:10 received approved 100 A and home study. Sent to worker by email. Requested 100 B when/if child is placed.

20Oct10 14:10:17 received fingerprint results, sent to worker.

2/7 received email from NV requesting 100 B information children placed. Sent email to UT Local.

09Feb11 09:22:36 received 100 B, sent to NV, requested courtesy

Reason Overdue (Beyond 60 days):

Archived Documents

Archived: 00 00

Box #:

Approval: 09AUG10

Denial: 00 00

Placement: 31JAN11

Closure: 00 00

Closure Reason:

RESOURCES

updated 4/17/2017

- **DCFS Guidelines Section 703**
- **SAFE** *(See ICPC tab for status)*
- **ICPC Web Page** <http://www.dcfcs.utah.gov/icpc.htm>
- **APHSA Web Page** <http://www.aphsa.org/content/AAICPC>
- **State Page** <http://icpcstatepages.org>

STATE OFFICE STAFF:

- **Scott Hodges** (srhodges@utah.gov Ph.801-538-4093)
- **Sal Pahulu** (spahulu@utah.gov Ph.801-538-4513)
- **Jeri Boyle - ICAMA** (jeriboyle@utah.gov Ph.801-538-3958)
- <http://www.dcfcs.utah.gov/icama.htm>

REGION ICPC COORDINATORS:

Salt Lake Valley: **Esmeralda Malili** (emalili@utah.gov or 801-755-7162)
Southwest: **Tina Lloyd** (tlloyd@utah.gov or 435-867-2763)
Western: **Janalee Burdette** (jburdett@utah.gov or 801-319-5942)
Northern: **Amy Tafoya** (atafoya@utah.gov or 801-776-7438)
 Laurie Fuhriman (lfuhrima@utah.gov or 801-668-0335)
Eastern: **Brooke Green** (beriley@utah.gov or 435-381-4745)