

ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

SENDING STATE PRIORITY HOME STUDY REQUEST

TO BE SUBMITTED BY SOCIAL WORKER WITH OTHER REQUIRED ICPC MATERIALS

NAME OF CHILD* TO BE PLACED	AGE	MOTHER'S NAME
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FATHER'S NAME	DOB	ETHNICITY
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PROPOSED CARETAKER

MARITAL STATUS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> D <input type="radio"/> W <input type="radio"/> Sep	LIVING WITH:
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NAME

ADDRESS	CITY	STATE	ZIP
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HOME TELEPHONE #	WORK TELEPHONE #	SOCIAL SECURITY #
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RELATIONSHIP TO CHILD IDENTIFIED ABOVE

BEST TIME OF DAY TO CONTACT CARETAKER	EMPLOYER (IF APPLICABLE)
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ALTERNATE CONTACT NAME	ALTERNATE CONTACT ADDRESS
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ASSESSMENT OF CHILD

CASE PLAN ATTACHED? <input type="radio"/> YES <input type="radio"/> NO	FINANCIAL/MEDICAL PLAN ATTACHED? <input type="radio"/> YES <input type="radio"/> NO
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SPECIAL NEEDS

HANDICAPS: MENTAL/PHYSICAL

SERVICE NEEDS/TREATMENT REQUIREMENTS

SCHOOL INFORMATION

OTHER REQUIRED PERTINENT INFORMATION REGARDING CHILD AND FAMILY WILL FOLLOW: YES NO

WORKER'S NAME (PLEASE PRINT)	TELEPHONE NUMBER
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WORKER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE (IF REQUIRED)	DATE
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*If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.