CFS 490-1 ICPC-100B	STATE OF DEPARTMENT OF CHILDRI	
Rev. 9/99		onroe Street nois 62701-1498
INTERS	STATE COMPACT REPORT	ON CHILD'S PLACEMENT STATUS e of placement or termination.)
TO RECEIVING ST		FROM SENDING STATE
		ILLINOIS
IDENTIFYING INFORMATION		
<u></u>		
Child's Name	DCFS I.D. #	Birthdate
Mother's Name	Fathe	er's Name
	PLACEMEN	NT STATUS
Out of State		Departure Date
Name Address		PAY: Yes No
		IL Provider I.D. #
Type of Ca	re	-
Placement Change Name		Date
	* ΦΕΛΩΟΝ ΕΩΡ ΛΩΜΙ	PACT TERMINATION
	REASON FOR COM	
	Resource Will Not Be Used	Date of Termination
Ward Retur	Request Withdrawn rned to Illinois	Date
Reached M	lajority/Legally Emancipated	
Sending St	ate's jurisdiction Termination	
 Unilateral Dismissal (Without Receiving State's Concurrence) Guardianship Awarded To: 		
Name Relationship		
	ibsidized	
Adoption Finalized In Sending State In Receiving State Adoption Assistance Agreement (Part C)		
*Complete this section upon APPROVED closure ONLY		
Signature of DCFS	or Agency Staff Person Supplying Infor	rmation Date
Signature of Donorth	ing compact Administrator or Alternate	Dota
Signature of Reporting compact Administrator or Alternate Date		

COMPLETE FOUR (4) COPIES OF THIS FORM.

SENDING AGENCY RETAINS ONE (1) COPY AND FORMS THREE (3) COPIES TO: SENDING COMPACT ADMINISTRATOR RETAINS ONE (1) COPY AND FORWARDS TWO COPIES TO: RECEIVING COMPACT ADMINISTRATOR RETAINS ONE (1) COPY AND FORWARDS ONE (1) COPY TO THE RECEIVING AGENCY.