

State of Illinois
Department of Children and Family Services

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
ACKNOWLEDGEMENT FORM
MANDATED CHECKLIST PER ICPC REGULATION 2**

Child ID Number: _____

Caregiver Name(s): _____

Address: _____

Phone: _____ - _____ - _____

Number of Bedrooms: _____

Number of People in the Home: Adults: _____ Children: _____

Age and Gender of Children: _____

_____ I confirm the potential **placement resource is interested** in being a placement resource for the child and is willing to cooperate with the ICPC process.

_____ I am including the **name and correct physical and mailing address** of the placement resource and all available telephone numbers and other contact information for the potential placement resource.

_____ I am including the **number of bedrooms** in the home of the placement resource under consideration and the number of people, including children, who will be residing in the home.

_____ I am confirming 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.

_____ I confirm the **placement resource understands a criminal records and child abuse history check** will be completed for any persons residing in the home required to be screened under the laws of the receiving state.

_____ Caseworker Name (please print)

_____ Caseworker Signature:

Telephone #: _____ - _____ - _____

Alternate #: _____ - _____ - _____

Date: _____