

**STATE OF ILLINOIS
 DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 INTERSTATE COMPACT PLACEMENT REQUEST**

TO RECEIVING STATE:	FROM SENDING STATE: ILLINOIS
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SECTION I – IDENTIFYING DATA

NOTICE IS GIVEN OF INTENT TO PLACE:				
Name of Child	DCFS I.D. #	Sex	Date of Birth	Ethnic Group
Name of Mother		Name of Father () -		
Name of Agency or Person Responsible for Planning of Child			Telephone No.	Region/Site/Field
Address				
Name of Agency, Person or Court Financially Responsible for Child		Telephone No. Region/Site/Field		
Address				

SECTION II – PLACEMENT INFORMATION

Name of Person(s) or Facility Child Is To Be Placed With		() - Telephone No.	IL Provider I.D. #
Address			
Type of Care:	<input type="checkbox"/> Foster Family Care	<input type="checkbox"/> Parent	<input type="checkbox"/> Title IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Relative (not parent)	<input type="checkbox"/> Subsidy/IV-E Assistance
	<input type="checkbox"/> Residential Treatment Center	Relationship: _____	<input type="checkbox"/> Adoption:
	<input type="checkbox"/> Child Caring Institution		To be completed in:
	<input type="checkbox"/> Institutional Care Article (VI)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Sending State
Legal Status:	<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Unaccompanied Refugee Minor	<input type="checkbox"/> Receiving State
	<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated – Right to Place for Adoption	<input type="checkbox"/> Adoption Assistance
	<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Other _____	Agreement (part C)

SECTION III – SERVICES REQUESTED

Type of Study:	Supervisory Services:	Frequency of Supervisory Reports:
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Upon Request
<input type="checkbox"/> Foster Home Study/for reimbursement purposes		<input type="checkbox"/> Other _____
Name and Address of Private Supervising Agency in Receiving State (if applicable)		
Enclosed:	<input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order	<input type="checkbox"/> Home Study of Placement Resources <input type="checkbox"/> Other Enclosures
	<input type="checkbox"/> Illinois Foster Care Study	
Signature of Sending DCFS or Private Agency Staff Person or Court Official (MANDATORY)		Date
Signature of Illinois Interstate Compact Administrator or Alternate		Date

SECTION IV – ACTION BY RECEIVING STATE

<input type="checkbox"/> Placement May Be Made	<input type="checkbox"/> Placement Shall Not Be Made	Remarks _____
Signature of Receiving State Compact Administrator or Alternate		Date

DISTRIBUTION

Complete six (6) copies of this form for each child.	
___ Sending Agency retains 1 copy and forwards 5 copies to:	
___ Sending Compact Administrator retains 1 copy and forwards 4 copies to:	
___ Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to receiving agency and 2 copies to sending Compact Administrator within 30 days.	
___ Sending Compact Administrator retains 1 completed copy and forwards the other completed copy to the Sending Agency.	