NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243

CESAR A. PERALES
Commissioner

[An Informational Letter informs local districts of potential developments in the Social Services field, or of actual or potential developments in collateral fields of interest.]

INFORMATIONAL LETTER

TRANSMITTAL NO.: 86 INF-12
[Family and Children Services]

TO: Commissioners of Social Services

SUBJECT: Interstate Compact for the Placement of Children

DATE: August 29, 1986

SUGGESTED DISTRIBUTION:
Child Welfare Executives and Supervisory Staff
Child Caring Institutions
Child Placement Agencies
Family Court Judges
Surrogate Court Judges
Staff Development Coordinators

CONTACT PERSON: Any questions concerning this release should be directed to Mary Milazzo, Director of the Interstate Compact Unit, Division of Services, 1-800-342-3715, extension 4-9582.

Attached are the latest versions of the Interstate Compact forms, 100A and 100B, along with appropriate instructions. You may order your supplies from Forms and Publications, 1-800-342-3715, extension 4-2100.

You should also update your copy of 85 ADM-22 to reflect Mary Milazzo's assignment as Director of the Interstate Compact Unit, and address appropriate correspondence to her.

In all other respects, the Letter remains the same.

Joseph Semidei
Deputy Commissioner
Family and Children Services

FILING REFERENCES

Previous INFs/ADMs	Dept. Regs.	Social Services Law and Other Legal References	Bulletin/Chapter Reference	Miscellaneous References
85 ADM-22		SSL 371.10(c) 374-a 382		

DSS-329 (REV. 8/84)

ICPC-100A
REV. April 1985

INTERSTATE COMPACT PLACEMENT REQUEST

TO: (Name and Address of Compact Administrator in Receiving State)	FROM: (Name and Address of Compact Administrator in Sending State)

SECTION I — IDENTIFYING DATA

Notice is given of intent to place: NAME OF CHILD	SEX	DATE OF BIRTH	ETHNIC GROUP

NAME OF MOTHER	NAME OF FATHER

NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD	TELEPHONE NO.
ADDRESS	
NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD	TELEPHONE NO.
ADDRESS	

SECTION II — PLACEMENT INFORMATION

NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH	TELEPHONE NO.
ADDRESS	

TYPE OF CARE

- ☐ Foster Family Care
- ☐ Group Home Care
- ☐ Residential Treatment Center
- ☐ Child-caring Institution
- ☐ Institutional Care Article (VI)
- ☐ Parent
- ☐ Relative (Not Parent) Relationship: _____
- ☐ Other: _____
- ☐ Adoption
  - ☐ Subsidy/IV-E Assistance To be completed in:
  - ☐ Sending State
  - ☐ Receiving State

LEGAL STATUS

- ☐ Sending Agency Custody/Guardianship
- ☐ Parent Relative Custody/Guardianship
- ☐ Court Jurisdiction Only
- ☐ Parental Rights Terminated-Right to Place for Adoption
- ☐ Unaccompanied Refugee Minor
- ☐ Other: _____

SECTION III — SERVICES REQUESTED

Initial Report (if applicable):

- ☐ Parent Home Study
- ☐ Relative Home Study
- ☐ Adoptive Home Study
- ☐ Foster Home Study

Supervisory Services:

- ☐ Request Receiving State to Arrange Supervision
- ☐ Another Agency Agreed to Supervise
- ☐ Sending Agency to Supervise

Supervisory Reports:

- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Upon Request
- ☐ Other: _____

NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE

ENCLOSED

- ☐ Child's Social History
- ☐ Home Study of Placement Resource
- ☐ Court Order
- ☐ Other Enclosures

SIGNATURE OF SENDING AGENCY OR PERSON	DATE SIGNED
SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR ALTERNATE	DATE SIGNED

SECTION IV — ACTION BY RECEIVING STATE

☐ Placement May be Made ☐ Placement Shall Not Be Made	REMARKS
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR ALTERNATE	DATE SIGNED

DISTRIBUTION

Complete six (6) copies of this form

- 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.

INSTRUCTIONS FOR COMPLETING FORM ICPC-100A
INTERSTATE COMPACT PLACEMENT REQUEST

Form ICPC-100A is the sending agency's formal written notice to the receiving state of its intention to make an interstate placement and a request for a finding as to whether the placement would or would not be contrary to the interests of the child. With most placements it is also a formal request for a home study. Following review by the receiving state, it is the official notification that the proposed placement may or may not be made. A favorable finding means that the placement can be made in confirmity with the Compact. An unfavorable finding means that the placement would be unlawful. The actual making of the placement brings into operation a number of rights and obligations set forth in the Compact, primarily those contained in Article V, Retention of Jurisdiction.

Form ICPC-100A must accompany all requests for placement to which the Compact is applicable and it should be favorably acted upon by the receiving state before any Compact placement is made.

SPECIFIC INSTRUCTIONS

In the first two blocks, enter the name and address of the ICPC Administrator (or Deputy) whose state is submitting the request (FROM) and the name and address of the ICPC Administrator (or Deputy) to whom the request is being forwarded (TO).

Section I: IDENTIFYING INFORMATION

Enter the full legal name, sex, ethnic group and birthdate of the child for whom this placement is proposed. If the child is known by a nickname, place it in parenthesis beside the legal name. If there is sufficient space to enter information for more than one sibling on one form, this may be done.

Use the following codes to enter the child's ethnicity: **W**= White; **H**= Hispanic; **B**= Black; **A**= Asian or Pacific Islander; **AI**= American Indian or Alaskan Native; **OT**= All other race/ethnic categories; **UK**= Unknown.

Enter the names of the legal mother and the legal father. In most instances the legal mother and legal father will be the birth parents. In cases where an adoption has been finalized, the adoptive parents will be the legal parents. If the parent(s) is deceased, enter "deceased" after the parent's name. If parental rights have been voluntarily relinquished or terminated by the court, indicate in parenthesis beside the name; if you prefer in that instance to withhold the name, simply enter the status of the parent's rights.

Enter the complete name, address and telephone number of the agency or person who is responsible for planning for the child and who is financially responsible for the child. In most instances, these two items will be the same (the sending agency).

Section II: PLACEMENT INFORMATION

Enter the full name, address and telephone number of the person(s) or facility with whom the sending agency proposes to place the child. If the resource, e.g., Foster Family Care, is yet to be determined, leave these items blank.

Place an X in the box which designates one of the following **Types of Care:**

Foster Family Care: a substitute family resource which is or is intended to be licensed or approved as a foster home and which will be entitled to foster board payments.

Group Home Care: a resource which is licensed or approved as a group home and which provides substitute care for a fee; usually a modified family-type setting which serves more children than a foster home but fewer than an institution.

Residential Treatment Center: a group care facility which provides a specific treatment program outside the realm of a medical hospital, psychiatric hospital or institution for the mentally retarded; e.g., a residential program for the treatment of alcohol/drug abuse.

Child-caring Institution: a group care facility which is licensed or approved to provide custodial care to a larger number of children than a foster home or group home, sometimes on a long term basis.

Institutional Care (Article VI): a group care facility which serves only delinquent children and which is being proposed as a resource under the specification of Article VI of the ICPC.

Parent(s): legal parent(s).

Relative (not parent): specify relationship, such as maternal aunt, paternal grandparents, brother, etc.

Other: specify a type of care not already listed; e.g., **Non-relative Free Home** (an unrelated family which does not require foster home licensure in the receiving state and does not need or want foster board payments), **Independent Living Arrangement** (an older teenager who is still under the jurisdiction of an agency or court but is capable of independent living without the supervision of a foster home or group home), or **Maternity Home.**

Adoption: refers to both agency and private/independent adoptive placement prior to finalization; this may refer to an initial placement with a family where adoption is the intention, or it may refer to the movement of an adoptive family from State A to State B following placement. Indicate if an adoption subsidy or adoption assistance (Title IV-E) is applicable; mark in which state the adoption is to be finalized.

Place an X in the box which designates one of the following kinds of **Legal Status:**

Sending Agency Custody/Guardianship: child is in the full legal custody or guardianship (depending on the terminology of the state) of the public social service agency or a licensed private child-placing agency.

Parent/Relative Custody/Guardianship: child is not under the jurisdiction of either an agency or the court but is the full legal responsibility of parent or relative; most likely to be marked when a family wishes to place a child in one of the group care facilities listed above.

Court Jurisdiction Only: child is not the legal responsibility of an agency; the court has full responsibility for weighing the requested information and making the placement decision and is, therefore, the sending agency; most likely to be marked when two or more relatives have taken a dispute over custody into court and at least one of the disputing relatives is not a parent.

Parental Rights Terminated-Right to Place for Adoption: sending agency has accepted a voluntary relinquishment of parent rights and/or has completed court action terminating parental rights and now holds complete jurisdiction over the child with the right to place for adoption.

Unaccompanied Refugee Minor: this form is not used to report the initial placement into the United States but to request placement and services in a second state after a U.S. agency or court has been granted full legal responsibility (custody/guardianship). Mark this block only if that is the case; also mark the Sending Agency Custody/Guardianship block. If this is an Unaccompanied Refugee Minor whose status warrants the ICPC-100A's specific to those children (not the legal responsibility of a U.S. agency or court), do not use this form.

Other: legal status is not otherwise listed; e.g., legal action, such as a petition for custody/guardianship or to terminate parental rights, is pending; e.g., the child is the responsibility of the sending agency under a Voluntary Agreement with the parent or legally responsible relative and no court action has been taken or is pending to alter that family member's legal rights over the child.

Section III: SERVICES REQUESTED

Initial Report: if the proposed placement is not for a group care placement and a current home study has not yet been received, mark the box for the appropriate type of home study needed based on the type of care indicated in Section II.

Supervisory Services: place an X in one of the following boxes to indicate how **Supervisory Services** are to be conducted:

Request Receiving State to Arrange Supervision: mark this box if the sending agency cannot supervise and does not have a contractual or other agreement with a pre-determined agency to provide these services; it is usually the public social service agency which will be asked to provide supervision following an approved home study and subsequent placement.

Another Agency Agreed to Supervise: mark this box if the sending agency already has received the formal agreement of a pre-determined supervisory agency; most likely to be marked in agency adoptive placements where an agency in the receiving state already has provided an adoptive home study and will be providing ongoing services to the adoptive family. Do not mark this item simply because you know which county office of the public agency will receive this referral and might even have discussed the case over the telephone; that does not constitute an agreement to supervise.

Sending Agency to Supervise: mark this box if it is logistically feasible, it is the best case plan, and the receiving state has granted the sending agency permission (which may or may not include licensure) to provide services in its state.

Supervisory Reports: to be completed even though placement may not be a certainty at this time. Indicate how frequently you wish to receive progress reports; most common is Quarterly. Be very discriminating in your use of Upon Request because that leaves the provision of supervision open-ended with no commitment to provide that service until you request it; use Other when you wish to receive reports in a less usual time frame, such as monthly or annually (specify the time frame).

If you know the name and address of the supervising agency, type that information onto the line so indicated. If not known by the sending agency, that information should be completed by the receiving state's Compact Office following receipt of a recommendation indicating that placement may be made.

Indicate which items are Enclosed:

Child's Social History: should accompany the majority of referrals; includes the pre-placement summary on adoption referrals and can be written with non-identifying information, if appropriate and preferred.

Home Study of Placement Resource: attach a current home study if one is not being requested; most likely to be marked it you already have an approved adoptive home study or the child is re-locating with foster parents and the foster home study is enclosed.

Court Order: all applicable court documents should be enclosed; e.g., custody/guardianship orders, surrenders, orders terminating parental rights, and orders requesting a home study for the court.

Other Enclosures: indicates other pertinent materials, such as psychological evaluations, permanency plan, medical reports and school reports; it is not necessary to itemize them on the form.

Signature of Sending Agency or Person: the form should be signed and dated by anyone outside of the Compact Office who is completing the form; includes a person with this authority in the county social services agency, private agency or court and any private individual or family member who is legally responsible for the child (as indicated in Section I and Section II, Legal Status, above).

The ICPC-100A must be signed and dated by the Compact Administrator or alternate in the Sending State, if the regulations of the Sending State provide for transmittal of the ICPC-100A through the Sending State's Compact Office. This is almost always the case.

Section IV: ACTION BY RECEIVING STATE

This section is completed in the Compact Office in the Receiving State. The designated person reviews the proposed placement and all required information and indicates whether the placement can or can not lawfully be made. Remarks might include conditions or reservations to be noted or that an affirmative notice under Article III (d) is being given retroactively. The Compact Administrator or alternate then signs and dates the form.

DISTRIBUTION: Self-explanatory.

ICPC - 100 B
Rev. April 1984

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

TO: (Name and Address of Compact Administrator)	FROM: (Name and Address of Reporting ICPC Admin.)

IDENTIFYING INFORMATION

Child's Name: Birthdate:

Mother's Name: Father's Name:

Name of Placement Resource:

PLACEMENT STATUS

☐ Placement Request Withdrawn Date:

☐ Initial Placement With: Date:

Name:

Address:

Type of Care:

☐ Placement Change Date:

☐ Name:

☐ Address:

☐ Type of Care:

COMPACT TERMINATION

Reason:

☐ Adoption Finalized ☐ In Sending State ☐ In Receiving State

☐ Child Reached Majority/Legally Emancipated

☐ Legal Custody and/or Guardianship Awarded and/or Returned to:

Name: Relationship:

☐ Treatment Completed

☐ Sending State's Jurisdiction Terminated ☐ Unilaterally

☐ Child Returned to Sending State

☐ Approved Resource Will Not Be Used For Placement

☐ Other (Specify):

Date of Termination:	
SIGNATURES:	DATE SIGNED:
Person/Agency Supplying Information	
Reporting Compact Administrator or Alternate	

Complete four (4) copies of this form.
Sending agency retains one (1) copy and forward three (3) copies to:
Sending Compact Administrator retains one (1) copy and forwards two (2) copies to:
Receiving Compact Administrator retains one (1) copy, forwards one (1) copy to the receiving agency.

INSTRUCTIONS FOR COMPETING FORM ICPC-100B
INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

Form ICPC-100B is used to confirm that a placement in accordance with the Compact has been made, to indicate changes in placement or case planning status, and to confirm the termination of the placement. It is an extremely useful tool for both the Compact offices and local agency staff in maintaining a current knowledge of the child's movement into, out of and, if pertienent, within the receiving state. It is also a very important mechanism for notifying another state when a placement under the Compact has been terminated and, thus, providing formal conformation of case closure.

SPECIFIC INSTRUCTIONS

In the first two blocks, enter the name and address of the ICPC Administrator whose state is submitting the reported information (FROM) and the name and address of the ICPC Administrator to whom the form is being forwarded (TO).

Section 1: IDENTIFYING INFORMATION

Enter the full legal name and birthdate of the child concerning whom this placement information is being reported.

Enter the names of the legal mother and the legal father as on the ICPC-100A.

Enter the name of the placement resource previously listed in Section II of the ICPC-100A.

Section 2: PLACEMENT STATUS

If you have submitted Form ICPC-100A to request placement approval and have decided not to explore that resource further, mark the box for Placement Request Withdrawn and the date of your decision. This item will be used only when no action has yet been taken on Form ICPC-100A. If you are withdrawing more than one request, submit separate ICPC-100Bs on each and list each respective Placement Resource in that space under IDENTIFYING INFORMATION.

To confirm the Initial Placement, mark the next box and indicate the resource's name and address and the exact date of placement. For Type of Care, enter the same information that is marked for that item on Form ICPC-100A: Foster Family Care, Adoption, etc.; with relative placements, specify the relationship.

If some aspect of the placement changes while the child remains in the receiving state, mark the Placement Change box and indicate the exact date of the change. If the child moves from one placement resource to another, mark all of the remaining boxes and enter the requested information. For example, if a child leaves his/her parents' home and is placed in a residential treatment center, fill in the center's name and address and indicate the new Type of Care. Subsequent ICPC-100Bs will list the new Placement Resource under IDENTIFYING INFORMATION. Any additional moves to replace the child within the receiving state will be reflected in this same manner. If only the Name (e.g., mother re-marries) or Address (original placement resource moves) changes, mark and complete only those items which are applicable.

Section 3: COMPACT TERMINATION

Adoption Finalized: If an ICPC adoptive placement has been finalized (consummated), mark that box and the appropriate box for the state in which finalization occurred, Sending or Receiving.

Child Reached Majority/Legally Emancipated: Mark this box if the child has reached 18 and has simultaneously ceased to be the responsibility of the sending agency or if the child has become emancipated through such legal action as marriage or court decision.

Legal Custody and/or Guardianship Awarded or Returned To: This item is to be marked when final custody or guardianship (wording varies among states) has been disposed of with the concurrence of the receiving state. Indicate the Name and Relationship of the person(s) to whom this applies.

Treatment Completed: Mark this item when the placement resource has been providing a specific treatment-oriented service, that service has been completed and the child is, therefore, being discharged from the facility (e.g., Residential Treatment Center).

Sending State's Jurisdiction Terminated: This item is marked when the jurisdiction of the sending state has ended for some reason other than that which relates to the third category (Legal Custody...); for example, if formal legal custody/guardianship is not going to be addressed but both states agree that supervision is no longer required or if both states agree to transfer jurisdiction to the receiving state. If the sending state's jurisdiction is terminated without the concurrence of the receiving state (including custody/guardianship transfer), the decision was made unilaterally and that box should be marked as well.

Child Returned to Sending State: If the child was returned to the sending state (placement disrupted or was intended to be temporary), mark this box.

Approved Resource Will Not Be Used For Placement: This box should be marked when you have received approved ICPC-100As but have decided not to place the child with that resource.

Other: Please mark and specify if the reason for Compact Termination is not listed above; for example, the entire family moved to another state (new address should be indicated under Placement Change), the child ran away and his/her whereabouts are unknown, et.al.

Put down the exact date of the activity which terminated the Compact Agreement.

Section 4: SIGNATURES

If a private individual or local agency is completing the form, please have a designated person sign the first block, identify his/her agency, and date the signature.

The second block should be signed and dated in the Compact office.

Section 5: DISTRIBUTION

Self-explanatory.