



STATEMENT OF FAMILY CASE MANAGER/POTENTIAL PLACEMENT RESOURCE UNDER ICPC REGULATIONS 2 or 7

Instructions: One form is to be completed by the Family Case Manager (FCM) after contacting the primary potential placement resource in the other state. Form is to be signed by the FCM's supervisor. After completing the form, if the FCM wishes to send an ICPC referral based on the answers from the potential placement resource the form is to be included in the ICPC referral packet and mailed to the ICPC Unit at DCS Central Office. A copy of the form should be kept in the child's file in the local office.

Check Appropriate Regulation: Regulation 2 _____ Regulation 7 (Expedited Placement) _____

Child's Name	Date of Birth

Pursuant to Indiana Code 31-28-4-1 and Regulation 2, Section 5 (d) or Regulation 7, Section 7(a) of the Interstate Compact on the Placement of Children (ICPC),

I _____ (full legal name), certify that the following information is true:

1. I have communicated directly with the potential primary placement resource _____
 (name of person with whom the child is to be placed) and he/she is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.

2. Only complete # 2 if ICPC Regulation 7

_____ (name of person with whom child is to be placed) is the:

(circle appropriate relationship between placement resource and child)

father, mother, stepparent, grandparent, guardian, adult uncle, adult brother, adult sister

or adult aunt of _____ (name of child)

3. The name, correct address, telephone number and date of birth of primary placement resource is as follows:

Name of Placement Resource _____

Address of Placement Resource _____

Telephone _____ Date of Birth _____

Last name of oldest child _____

4. The name, date of birth, and available telephone number of all adults in the home is as follows:

NAME	DATE OF BIRTH	TELEPHONE

5. The number and type of rooms in the proposed residence is sufficient to accommodate the child/children as follows:

Number of bedrooms: _____

Number of adults residing in the home: _____

Number of children residing in the home, including the child/children to be placed: _____

6. _____ (name of person with whom child is to be placed) has *or* will access financial resources to feed, clothe, and care for the child, including child care.

7. _____ acknowledges that a criminal records check and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state and to the best knowledge of the placement resource; no one residing in the home has a criminal or child abuse history that would prohibit the placement.

Printed Name of Family Case Manager: _____

Signature and Date: _____

Telephone Number: _____

Signature of Supervisor: _____