

**INTERSTATE COMPACT
ON PLACEMENT
OF CHILDREN
GUIDEBOOK**

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SECTION I

PURPOSE

The Interstate Compact (ICPC) is a law that provides for child placement activities to be uniformly conducted among states and clarifies who is responsible for planning, decision-making and payment. Following the compact law helps assure appropriate services to children placed across state lines. The procedures and guidelines which follow describe the actions for compliance with the Interstate Compact and quality services to children and families.

SECTION II

POLICY

Compliance with the Interstate Compact is required when a child is placed into another state to reside in any of the following:

- Adoptive home;
- Foster home;
- Group home;
- Relative home, including the home of a parent, when the child is under the jurisdiction of a court; or
- Child caring agency; or
- Residential Treatment Centers.

The Interstate Compact on Placement of Children does not apply to the placement of children into another state to reside in the following:

- Inpatient hospitals or other medical facilities;
- Boarding schools; or
- Home of a "near relative" when placed by a parent or legal guardian and the child is not under the jurisdiction of a court; or
- Job Corps placements.

Note: A "near relative" is defined as the parent, step-parent, grandparent, adult brother or sister, adult uncle or aunt or other non-agency guardian of the child.

Note: If a ward is placed in an inpatient psychiatric hospital setting in an out-of-state program, compliance with the ICPC is not required. If the child moves from the inpatient setting to a group home, even one operated by the same program as the hospital, ICPC compliance and approval is required.

SECTION III

SENDING AGENCY'S RESPONSIBILITIES

While the child remains in the out-of-state placement, the sending agency retains legal and financial responsibility for the child. Sometimes a child is eligible for assistance in the other state through programs such as ADC relative payee. The sending agency has both the authority and the responsibility to determine all matters in relation to the custody, supervision, care, treatment, and disposition of the child, just as the sending agency would have if the child had remained in the home state.

The sending agency's responsibilities for the child continue until it legally terminates the interstate placement. It may terminate the placement by returning the child to the home state, or the placement may be terminated with the child left in the receiving state when the child is legally adopted, becomes self-supporting, or reaches majority, or for other reasons with the prior concurrence of the of the receiving state.

The sending agency must notify the receiving state's Compact Administrator of any change in the child's status, using Form ICPC 100B. Changes of status may include a termination of the interstate placement, a new placement of the child in the receiving state or a transfer of legal custody.

NOTE: FEDERAL STATUTE (ADOPTION AND SAFE FAMILIES ACT) REQUIRES THAT IF A CHILD IS IN PLACEMENT OUTSIDE OF THE STATE IN WHICH THE PARENTS ARE LOCATED, A CASEWORKER ON THE STAFF OF THE STATE AGENCY IN WHICH THE HOME OF THE PARENTS IS LOCATED, OR OF THE STATE IN WHICH THE CHILD IS PLACED, VISIT SUCH HOME OR INSTITUTION AND SUBMIT A REPORT ON SUCH VISIT TO THE STATE AGENCY OF THE STATE IN WHICH THE HOME OF THE PARENTS IS LOCATED. THIS ACTIVITY MUST OCCUR PERIODICALLY, BUT NO LESS FREQUENTLY THAN EVERY 12 MONTHS.

SECTION IV

REQUESTS FOR PLACING A WARD OUT OF NEBRASKA

Nebraska remains legally and financially responsible for all wards placed out of state under ICPC. The Nebraska court case must remain open until the placement out of state is stabilized and the compact administrator in the receiving state gives Nebraska permission to close the court case. There is no process to transfer court cases across state lines.

The Worker Checklist provides a step by step guide to the issues that need to be considered, the forms that need to be completed, and the information about the child that needs to be provided. Packets that provide the information requested will be processed more quickly and placements are more likely to be successful.

Processing of Request Through Compact

Upon the receipt of the packet, the ICPC Administrator will either:

- Contact the worker if clarification is needed; or
- Make copies as needed and forward two copies of the packet to the receiving state.

Cancellation of Request

If the worker decides not to pursue the Home Study after a request has been made, she/he needs to let the other state know. The worker will complete Form ICPC 100-B, "Interstate Compact Report on Child's Placement Status" and indicate the date of the cancellation of the request. The worker will send the form to the Compact Administrator for forwarding to the other state.

If the worker decides not to place the child in the other state, once an ICPC approval has been given, the worker will let the other state know. The worker will follow the procedure in the paragraph above.

Denial of Request

If the other state denies the request for placement, the worker will complete Form ICPC 100B, "Interstate Compact Report on Child's Placement Status" and indicate the date of withdrawal of the request.

SECTION V

PLACEMENT IN ANOTHER STATE

Emergency Situations

Placement of a child into a treatment program in an emergency requires prior approval through ICPC. The worker will contact the Nebraska Compact Administrator after he/she knows the provider has an opening and will accept the child. The worker will fax or mail to the Compact Administrator the completed Form ICPC 100A, current court order and a brief letter explaining the circumstances, child's needs and the plan. Nebraska's Compact Administrator will promptly advise the worker of the other state's decision. The worker will send the rest of the packet material to the Compact Administrator as soon as possible if the child's placement is approved.

Visitation

Children may visit a potential placement resource in another state without approval of the other state. Visits cannot exceed thirty (30) days, or under some circumstances, summer vacation. Nebraska retains full responsibility for the child's safety during visits, and no services will be provided by the receiving state. States will not do home studies for visitation only. Nebraska can contract privately with agencies in the other state if that service is needed. Do not place children in the other state and call it a visit. If the child is there longer than 30 days or is enrolled in school, this is considered an illegal placement. Many states are refusing to do home studies or provide supervision if the child is placed without approval.

Planned, Approved Placements

Approvals are valid for six (6) months. Upon receipt of the approved Form 100A and the home study, the worker will:

- Advise in writing the family, court, parents' attorney, county attorney, guardian ad litem of the placement plan seven (7) days prior to placement.
- Continue the steps in the worker checklist.

Priority Processing of Home Study Requests

In some situations it is possible to request priority processing of home study requests. A specific court order is required with a finding that the request qualifies for priority processing because the proposed placement is a near relative; the child is under two (2) years of age, is in an emergency shelter, or has spent a substantial amount of time in the home of the proposed placement. Priority processing can also be ordered if the receiving state administrator has had the ICPC packet for more than thirty (30) days without a placement decision about placement made no later than twenty (20) business days after receipt of the request. Overnight mail is to be used at every step of the process.

To request a priority home study, complete Form ICPC-101 and sent it to the Nebraska Compact Administrator along with the other packet material. You must include an order from the court with a specific finding that the situation qualifies for priority processing

Form ICPC-102, a home study outline, is recommended if Nebraska is requested to do a home study that qualifies for priority processing. The is form can be hand written.

To request a priority home study, complete Form ICPC-101 and send it to the Nebraska Compact Administrator along with the other packet material. You must include an order from the court with a specific finding that the situation qualifies for priority processing.

Form ICPC-102, a home study outline, is recommended if Nebraska is requested to do a home study that qualifies for priority processing. This form can be handwritten.

If you have questions about priority processing, please contact the compact office for assistance.

SECTION VI

SERVICES TO WARDS PLACED OUT OF STATE

The responsibilities of the worker in the state where the child is placed include, but are not limited to:

- Visit the child and family as needed;
- Provide supervision;
- Work with the sending worker and family toward the case goal;
- Arrange for or coordinate services as identified in case plan;
- Problem-solve with or assist the family as needed;
- Document all contacts, reports, progress of child and family and other relevant information;
- Provide written reports quarterly to the sending caseworker.

The responsibilities of the worker who has placed a child out of the state is to provide ongoing case management including:

- Clearly communicate case goals and expectations for the provider and worker supervising the case;
- Inform the other worker supervising the case, of relevant information;
- Review services being provided to be certain they are appropriate;
- Prepare and revise case plan and court reports and share with other worker supervising the case;
- Work with the worker supervising the case toward the case goal;
- Cooperate with reviews by Foster Care Review Board;
- Attend court hearings;
- Document contacts with worker supervising the case, biological family, child, care provider, court, etc.

The responsibilities of the Compact Administrator include:

- Consultation, support and assistance to staff;
- Communication with staff and others to achieve placement outcomes identified by the worker;
- Approve or disapprove placements based on the recommendation of the caseworker;
- Negotiation of reasonable response times to requests; and
- Maintenance and processing of necessary documentation on all ICPC cases.

Placement Disruption

If a child's placement in another state disrupts, the Nebraska worker and worker in the other state will assess the situation and decide whether:

- Services can be provided to continue the placement;
- An alternative placement is needed in the other state; or
- The child needs to return to Nebraska.

This decision will be based on the health, safety, and welfare of the child. The case worker may also include the biological family, guardian ad litem, service providers or the county attorney in this decision.

If there are no family members in Nebraska, the best placement for the child may be in the other state near the parent, relative or pre-adoptive family with whom the child was placed to work toward reconciliation. An interim placement may be appropriate while alternative placements or services are arranged. An interim placement may be appropriate while alternative placements or services are arranged. If the other state demands the return of the child to Nebraska, and the caseworker does not agree with this decision, please discuss this with the compact administrator. Compact law may require the child's return to Nebraska.

The court and involved attorneys will need to be advised in writing of any changes in the child's placement seven days prior to the placement change except in emergency situations. In an emergency, the court will be advised the next working day.

The ICPC Form 100B will need to be completed to reflect a change in the child's placement.

SECTION VII

TERMINATION OF PLACEMENTS

When the worker determines that a placement into another state will be terminated, the worker will complete Form ICPC 100B, "Interstate Compact Report on Child's Placement Status" to show:

- The date; and
- Reason for termination:
 - Adoption finalized,
 - Child reached age of majority,
 - Legal custody awarded to parent,
 - Treatment is completed,
 - Sending states jurisdiction is terminated,
 - Child returned to sending state, or
 - Other reason.

SECTION VIII

HOME STUDY REQUEST FROM ANOTHER STATE

Outcomes of Home Study Process

There is not a required number of visits to a family to complete this process. The number of visits and contacts with the family and amount of information gathered will be determined based on the following outcomes of the Home Study process:

1. Determination of and recommendation regarding the potential caregiver's ability to provide a safe, secure environment for the child, and to work cooperatively with the worker and court;
2. Determination whether the placement will meet the best interest of the child as identified by the requesting state;
3. Determination whether the placement will meet the identified needs of the child and the requesting state's expectations for the child, including the permanency objective of the child;
4. Timely completion of the Home Study process - within 6 weeks of assignment to a worker whenever possible;
5. Recommendation to the requesting state regarding placement and community resources which will be needed to meet the needs of the family and child if placed;
6. Establishment of an orderly plan for child's placement in Nebraska.

Guidelines for Completion

The components listed below are guidelines for completing the Home Study process. They don't apply to all cases.

- Receive and review all information sent by the other state. Information should include: most recent court order, case plan and court report, other court reports and orders, social study on the family and information on the child.
- Determine legal status of the child and the short-term and long-term plans of the requesting state.
- Contact the worker from the requesting state for most recent and more detailed information, if needed.
- Visit the family and complete the Home Study using one of the formats in the Forms Section of this Guidebook. The home study includes:
 - Conduct law enforcement and CPS checks;
 - Contact and obtain references;
 - Gather any additional information which will assist with the assessment of the family;
 - Request that the family complete the Self-Study (optional). (See Forms Section in this Guidebook);
- Pursue negative reference, if received;
- Discuss with the family their role and the expectations of the other state and court. Help prepare the family for placement of child, if necessary;
- Discuss how the family will locate and utilize community resources;
- Document contact with the family and other relevant information;
- Prepare the Home Study using one of the formats in the Forms Section of this Guidebook. An approval study may be used for these cases.

When the Home Study process is completed, one copy of each of the following will be sent to the Nebraska ICPC Administrator:

- Home Study, which includes a social history, results of the CPS and law enforcement checks, the original copy of the Self-Study (if used);
- References, and any relevant follow-up documentation; and
- Other relevant documents.

The Nebraska ICPC Administrator will make and send two copies of the Home Study and supporting material to the ICPC Administrator in the requesting state.

Consultation Points

Staff completing the Home Study may consult with her or his supervisor, the case manager in the requesting state, other Department staff or the ICPC Administrator at any point in the process.

Time Frame

The worker should complete the Home Study within six (6) weeks of receiving the request from the ICPC administrator. If the home study has been designated for priority processing, it needs to be completed and returned to the compact office with the recommendation for approval or disapproval within sixteen (16) business days, if at all possible. The priority home study outline may be handwritten if legible. If the worker is unable to complete the study by the requested date, she/he will contact the Nebraska Compact Administrator with the reasons for the delay and arrive at a reasonable completion date .

SECTION IX

ACTION FOLLOWING PLACEMENT OF A CHILD INTO NEBRASKA

Worker Responsibilities

The worker assigned to the case will:

- Visit the child and family as needed, based on the Home Study and history of child;
- Forward all written replies to the Nebraska ICPC Administrator for copying and forwarding to sending state;
- Work with the sending case manager and the family toward the case goal;
- Coordinate with the Income Maintenance worker regarding obtaining medical coverage for the child as appropriate;
- Problem-solve with or assist the family in the following areas:
 - Obtaining Medicaid for the child,
 - Payment complications;
 - Accessing needed services;
 - Obtaining financial assistance;
- Contact with parent or other family member as needed;
- Assist with applying for or receiving approval for subsidized adoption or subsidized guardianship;
- Document in the case record all contacts, reports and other relevant information and information requested by the sending state; and
- Report on services provided and child and family progress to the sending state as requested.

State wards from other states who are IV-E eligible can receive Nebraska Medicaid through the COBRA process. They may also be eligible for Nebraska Medicaid due to Social Security eligibility or the relatives' eligibility for financial assistance.

SECTION X

RESPONSES TO DIRECT REQUESTS FROM ANOTHER STATE

All requests to place a child in Nebraska in the placements covered by the Compact must go through the ICPC Administrator. If a worker or supervisor receives a written request directly from another state, she/he will contact the Nebraska Administrator and forward to him/her all information received. Telephone requests for placement services should be referred to the Nebraska ICPC Administrator.

SECTION XI

PLACEMENT OF A CHILD WHO IS NOT A WARD OUTSIDE OF NEBRASKA

Compliance with the Interstate Compact law is required for the placement of children who are not wards into another state. If the worker or supervisor receives questions about this process, she/he may refer the person to the Nebraska Compact Administrator.

FORMS SECTION

Definition of Visit

ICPC-100A Request Instructions ICPC-100A Request Form

ICPC-100B Interstate Compact Report on Child's Placement

ICPC Worker Checklist

ICPC-101 Sending State Priority Home Study Request

ICPC-101 Instructions

ICPC-102 Receiving State's Priority Home Study ICPC-102 Instructions

Sample Home Study Outlines

Reviewed/Revised 5/3/04

ICPC WORKER CHECKLIST

- 1. Identify possible out-of-state resource.
- 2. Contact resource to determine interest and begin discussion of financial and medical payment issues.
- 3. Determine financial and medical plan if child is placed out-of-state. Discuss situation with IM worker and Supervisor.
 - a. Is child IV-E eligible?
 - b. Will placement be IV-E placement? Does home need to be licensed?
 - c. What kind of maintenance payment will placement be eligible for?
 - FINANCIAL PLAN OPTIONS:
 - 1) Nebraska HHSS will provide a foster care payment.
 - OR
 - 2) This is a parent placement, therefore, Nebraska HHSS will expect the parent to provide financially for the child.
 - OR
 - 3) The child will be placed with a relative and the relative will be asked to apply for TANF.

*IF the child is to be placed with a relative we cannot “force” the relative to take the TANF amount. NE cannot withhold foster care payment based upon the fact that the relative is not licensed. However, NE HHSS can request that the relative become licensed, especially if the child is IV-E eligible so that NE HHSS can maximize IV-E reimbursement. The TANF amount is \$222 per month for the first child and \$70 per month for each subsequent child in Nebraska. Other states rates are similar. Be sure to determine if that amount will be enough to provide basic support for the children. Older children or large sibling groups may need a larger foster care payment.

- d. What will child's medical plan be?
 - MEDICAL PLAN OPTIONS:
 - 1. The child is IV-E eligible, therefore, Nebraska HHSS will send the appropriate COBRA documentation when the child is placed so the Medicaid may transfer to the other state.
 - OR
 - 2. The child is not IV-E eligible. NE HHSS will provide a medical care or reimbursement for the child's medical expenditures incurred with prior approval.
 - OR
 - 3. The child would be returning to a parent. Therefore, it would be the parents responsibility to provide for the child's medical needs.
 - 4. The child would be placed with a relative and NE HHSS would request that the Relative apply for TANF and the medical coverage available with that program.

*A relative can apply for TANF maintenance and TANF medical plans separately or jointly.

- e. Who will provide care? You will need to identify those providers prior to placement.
 - 1. Identify providers in the community in the other state, who are now enrolled in NE Medicaid.
 - 2. Contract with new providers willing to enroll in the NE Medicaid program. Contact ICPC Office for contact person.
 - 3. If not willing to enroll, are providers willing to accept payments from NE child welfare funds at Medicaid rates?
-
- 4. For placements in an RTC:

- a. Obtain Medicaid mental health managed care or Magellan approval.
 - b. Complete and sign Placement Agreement and send to central office with other required ICPC information.
5. Complete ICPC paperwork and send to central office.
- a. Individual 100A form for each child. Include social security number and IV-E status.
 - b. Current, signed court order, no older that 6 months, showing HHS custody.
 - c. Recent case plan / court report, social history, medical or psychiatric reports, school or other information about the child and situation.
 - d. Cover letter explaining what is needed from the other state, any special concerns. Include financial and medical plan.
 - e. If requesting adoptive home study, you must show child is free for adoption. Include relinquishments or termination orders.
6. Receive approval prior to placement of child.
7. After approval, but prior to placement, notify your IM FC worker to assure that arrangements are made for medical services and maintenance payment.
8. Child may be placed. Be sure to send child's insurance information with him/her. Also send birth certificate, social security number and immunization records.
9. Complete and send in to ICPC in central office the 100B form with date of placement so that supervision will begin in the other state.
10. Complete financial arrangements. Verify and document that maintenance payment is established, doctor, dentist, pharmacist and therapists have been located and arrangements made for payment.
11. Monitor placement and services.
12. Request approval from ICPC office in receiving state **PRIOR** to recommending case closure. Case cannot legally be closed without approval of ICPC administrator in the receiving state.
13. Complete 100B form to close case with approval of court and receiving state, if child returns to NE, or if approved placement will not be used. Also, please attach copy of closing court order.

Revised 5/3/04

**ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE
COMPACT ON THE PLACEMENT OF CHILDREN**

ICPC-101

**SENDING STATE PRIORITY
HOME STUDY REQUEST**

To be submitted by Social Worker with other required ICPC materials

Name of Child¹ to be placed _____ Age _____ Mother's Name _____

Ethnic Group _____ DOB _____ Father's Name _____

PROPOSED CARETAKER

NAME: _____ Marital Status: S, M, Sep., D, W Living with _____
(circle one) (name or person)

ADDRESS: _____

Telephone Home #: _____ Work #: _____ Social Security # _____

Relationship to child identified above: _____

Best time of day to contact caretaker: _____ Employer _____
(If applicable)

Alternate Contact Name & Address: _____

ASSESSMENT OF CHILD .

Case Plan Attached: yes no Financial/ Medical Plan attached: yes no
(circle one) (circle one)

Special Needs: _____

Handicaps: Mental/Physical _____

Service Needs Treatment Requirements: _____

School Information: _____

Other required pertinent information regarding child and family will follow: yes no (circle one)

Worker's Name: _____ (please print) _____ (TeL #)

Worker's Signature: _____

(date)

Supervisor's Signature _____ (if required)

(date)

(TeL #)

¹ If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.

INSTRUCTIONS FOR COMPLETING FORM ICPC-101
SENDING STATE PRIORITY HOME STUDY REQUEST

PURPOSE: The purpose of form ICPC-101, Sending State Priority Home Study Request, is to alert the receiving state to the fact that the court which has jurisdiction over the child(ren) has determined that a priority placement of a child from one state into another state is necessary.

NUMBER OF COPIES AND ROUTING: Form ICPC-101 is to be submitted with other required ICPC materials, to the ICPC Unit in Central Office.

Preparation of the form, together with compilation of other ICPC referral materials, is to be completed within three (3) business days of receipt of a court order which indicates the court has determined that a Priority Placement situation exists.

A separate form is to be completed on each child who is included in the court's order for priority placement.

Send the original and 2 copies to the ICPC Unit in Central Office. The fourth copy is to be returned to the court which requested the priority placement for verification that the ICPC referral was submitted on a timely basis. The fifth copy is to be retained by the worker in the child's record.

Name of Child to be Placed: Enter the child's complete name, (last name, first name, and middle initial, if any).

Age: Enter the child's age as of the date the form, is completed.

Mother's Name: Enter the name of the mother of the child as found on the child's birth certificate.

Ethnic Group: Enter the ethnic group to which the child belongs, i.e., Caucasian, African-American, Native American Indian, Hispanic, etc.

If the child belongs to more than one ethnic group, enter "Biracial" for the child's ethnic group membership.

DOB: Enter the child's date of birth as listed on the child's birth certificate.

Father's Name: Enter the name of the father of the child as found on the child's birth certificate.

If there is no father listed on the birth certificate, list the name of the alleged father if known, and specify "alleged".

If the child's birth father is unknown, enter "unknown" on this line.

PROPOSED CARETAKER: This section relates to the person who will be providing care for the child if placement occurs. The worker should make contact with the proposed caretaker to determine their interest in caring for the child if the court order does not indicate such information.

Due to the time constraints for completing the home study, it is essential that all identifying information about the proposed caretaker be included in the request for priority home study.

Name: Enter the name (last name, first name, middle initial) of the proposed caretaker.

Marital Status: Circle one of the entries to show the marital status of the proposed caretaker, as follows:

S	=	Single
M	=	Married
Sep	=	Separated
D	=	Divorced
W	=	Widowed

Living with: Enter the name (last name, first name, middle initial) of the adult person with whom the proposed caretaker is living, if any.

If the proposed caretaker is living alone (without any other adult in the home), leave this section blank.

Address: Enter the complete address (street, apartment number, city, state, zip code) of the proposed caretaker.

If the address is a rural route, include the route number and box number of the proposed caretaker.

Telephone Home #: Enter the home telephone number, including area code, of the proposed caretaker.

If the proposed caretaker does not have a telephone, enter a message telephone number, if possible.

If the proposed caretaker does not have a home telephone number or a home message telephone number, enter "None" on this line.

Telephone Work #: Enter the work telephone number, including area code, of the proposed caretaker.

If the employer does not allow the employee to receive telephone calls while on duty, specify that information beside the telephone number.

If the proposed caretaker is not employed, leave this line blank.

Social Security #: Enter the social security number of the proposed caretaker, if known. Otherwise, leave this line blank.

Relationship to Child Identified Above: Self-explanatory. If applicable, specify paternal or maternal to identify which side of the family is involved.

NOTE: Half relationships are considered the same as whole relationships (e.g., a "half sister" is the same as a sister).

Step relationships are considered the same as if related by blood (e.g., a "stepbrother" is the same as a brother).

A relationship "by marriage" terminates when death or divorce occurs, but if a child was born of the married parents, the relationship between the parents continues even after the marriage is dissolved.

Termination of parental rights of a birth parent by a court severs all relationships between the child, his/her parents, and all other relatives (either by blood or marriage).

Best time of day to contact caretaker: Enter "a.m." if the best time to contact the proposed caretaker is between 8:00 a.m. and 12:00 Noon (local time of the caretaker).

Enter "p.m." if the best time to contact the proposed caretaker is between 12:00 Noon and 5:00 p.m. (local time of the caretaker).

Enter "evening" and specify the time frame if the best time to contact the proposed caretaker is after 5:00 p.m. and before 9 p.m. (local time of the caretaker).

Employer: Enter the company name of the employer if the proposed caretaker is employed.

If the proposed caretaker is not to be contacted at their place of employment, indicate this fact beside the name of the employer.

Alternate Contact Name & Address: Enter the name (last name, first name, middle initial) and address (street, apartment number, rural route and box numbers, city, state, and zip code) of an alternate person who may be contacted in an effort to make contact with the proposed caretaker. Include the relationship of the contact person with the proposed caretaker.

ASSESSMENT OF CHILD: This section relates to the child who will be placed with the proposed caretaker if placement is recommended by the receiving state Compact Administrator and court approval for placement is given.

It is essential that sufficient information be provided to the, receiving state worker so that an adequate assessment can be completed which will take into account the needs of the child as well as the capacity of the proposed caretaker to provide appropriately for the child.

Case Plan Attached: Circle "yes" or "no" to indicate if the child's case plan is attached to the referral. If a case plan has been completed, it must be attached to the referral.

Financial/Medical Plan attached: Circle "yes" or "no" to indicate if the financial and medical plans for the child are attached to the referral.

If the proposed placement is with the child's parent, an entry may be made to indicate that the parent will be expected to assume financial and medical responsibility for the child by utilizing private resources or through applying for appropriate public aid.

In all other instances, financial and medical plans must be included with the referral to indicate how the child's financial and medical needs are to be met by the proposed caretaker.

Special Needs: Enter a description of all special needs which require attention if the child is to be successfully placed with the proposed caretaker. If this information is contained elsewhere in the referral packet, enter the location for the information.

Special needs of the child include all medical, physical, emotional, behavioral, educational, and/or psychological areas of functioning.

Handicaps: Mental/Physical: Describe in detail all mental and/or physical handicaps which the child has and which must be taken into consideration in regard to the capability of the proposed caretaker to adequately care for those conditions. If this information is contained elsewhere in the referral packet, enter the location for the information.

Service Needs/Treatment Requirements: Enter all service needs and/or treatment requirements which must be addressed in order to achieve and maintain an acceptable placement of the child with the proposed caretaker.

For each service need/treatment requirement listed, include the method by which payment for provision will be obtained, if such information is not included elsewhere in the referral, i.e., case plan, financial/medical plan, etc.

School Information: If the child is preschool age (less than age 5) on the date of the proposed placement, leave this section blank.

If the child is age 5 or older, enter the following information:

Name of school; grade last attended; report which includes most recent grades; if special classroom attendance is necessary due to child being learning disabled (LD) or behaviorally disabled (BD); copies of child's Individualized Educational Plan (IEP), if applicable; recommendations of most recent teacher/counselor/principal regarding educational needs of child; if child is not attending school, give reason(s) for nonattendance.

Other Required Pertinent Information Regarding Child and Family Will Follow: Circle "yes" or "no" to indicate that additional case material will/will not be sent.

If "yes" is circled, indicate a tentative date for submitting the additional case material.

Worker's Name: Enter the name (first name, last name) of the worker who completed this form. The information is to be printed.

Telephone Number: Enter the worker's telephone number including area code. If applicable, include the extension number.

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Worker's Signature: Self-explanatory.

Date Signed: Self-explanatory.

Supervisor's Signature: If required by local office policy, enter the signature of the immediate supervisor of the worker.

Date Signed: Self-explanatory.

**ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE
COMPACT ON THE PLACEMENT OF CHILDREN**

ICPC-102

**RECEIVING STATE'S PRIORITY
HOME STUDY**

(Each section must be completed)

Name of Child¹ to be placed _____ Age _____ Mother's Name _____

Ethnic Group _____ DOB _____

Dates of telephone contact _____ Dates of Home Visits _____

PROPOSED CARETAKER/SPOUSE

Name: _____ S.S. # _____

Address: _____ Tel #s (Home) _____

(Work) _____

Marital Status: S, M, Sep., D, W Living with Name: _____

(circle one)

Caretaker/Spouse: _____

Employer's Name & Address: _____

Telephone: _____

YOU MUST SUBMIT INCOME VERIFICATION.

Income: \$ _____ yearly _____ monthly _____ bi-weekly _____ weekly
(circle one)

Head of Household: _____ (Name on rent receipts, utility bills, etc.)

Number of Members in Household: _____

Relationship to proposed caretaker: _____

Length of relationship (if not marital): _____

Relationship of proposed caretaker to child: _____

Reason for wanting to care for children: _____

How did you hear about child's situation? _____

¹ If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.

Do you understand the situation that caused this request? _____

Ability to protect child from offender: _____

Willingness to provide care (Time-limited?) (Open-ended?) _____

Appropriateness of child care plans: _____

Forms of discipline: _____

Is present income adequate? _____

Willingness (ability) to care for child without financial help: _____

Willingness to accept/apply for AFDC? Yes ___ No ___

Requests Foster Care Benefits Yes ___ No ___

Willingness to undergo licensure? Yes ___ No ___

SPECIAL NEEDS

Ability of caretaker, community, schools to meet child/ren's special needs: _____

OTHER ADULTS IN HOUSEHOLD (List separately/Use additional sheet to list household members if needed)

Name: _____ Age: _____ Name: _____ Age: _____
Relationship to proposed caretaker: _____

Relationship to child to be placed: _____

Attitude towards placement: _____

OTHER CHILDREN IN HOUSEHOLD (List separately)

Name: _____ Age: _____ Name: _____ Age: _____
Relationship to proposed caretaker: _____

Relationship to child to be placed: _____

Attitude towards placement: _____

School progress/problems: _____

Previous contacts with Public/Social Service Agencies: _____

CLEARANCES (In accordance with receiving state law)

Law Enforcement/child abuse and neglect clearances for all household members who have reached the age of majority.

Police: _____

Child Abuse and neglect: _____

Family known to Public/Social Services Agencies (if yes, please explain): _____

HEALTH

Proposed caretaker and other family members state that they are in basic, good health & free of communicable diseases: Yes ____ No ____

HOME and COMMUNITY

Adequacy of space:

Will the child have his/her own bed? Yes ____ No ____ Closet space? Yes ____ No ____

Will the child share a bedroom? Yes ____ No ____ (if yes, list names(s) below)

With whom? _____

Housekeeping Standards: _____

Viewed potential hazards, safety problems (please specify): _____

Appropriateness of neighborhood: _____

Proximity to schools, medical services, etc.: _____

AREA OF CONCERN

Did you visualize or anticipate any potential problem areas with the case (explain)? _____

CASE PLAN FROM SENDING STATE

Is the submitted case plan suitable/adequate for this proposed placement? Yes ____ No ____ (if no explain below)

Do you have any recommended changes in the case plan or goal? _____

Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency?

Financial/Medical Plan from Sending State: is it adequate for this child? Yes ___ No ___ (if no explain below)

STUDY NARRATIVE

Discuss any areas which cannot be addressed by this abbreviated study. Please expand or expound on any area which needs clarification. _____

Workers Recommendations: For Placement ___ Against Placement ___ (explain below)

Comments (if appropriate): _____

Please list conditions, if any for placement to occur: _____

Name of Worker: _____ Name of Supervisor: _____
(please print) (please print)

Title: _____ Title: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Tel. #: _____ Tel. #: _____

REFERENCES

Name: _____

State Address: _____

City, State, Zip: _____

Telephone: (home) _____
(work) _____

Name: _____

State Address: _____

City, State, Zip: _____

Telephone: (home) _____
(work) _____

Name: _____

State Address: _____

City, State, Zip: _____

Telephone: (home) _____
(work) _____

Made Contact

Positive

Negative

(please explain below)

(yes)

(no)

(yes)

(no)

(yes)

(no)

INSTRUCTIONS FOR COMPLETING FORM ICPC-102

RECEIVING STATE'S PRIORITY HOME STUDY

PURPOSE: The purpose of form ICPC-102, Receiving State's Priority Home Study, is to provide a form on which a relative home study can be completed whenever a child is proposed to be placed with the child's parent, step-parent, grandparent, adult brother or sister, or adult uncle or aunt in Nebraska and the proposed placement has been classified as a "priority placement" by the court having jurisdiction over the child or whether the court has created a priority placement order under Regulation No. 7 Section 5 (b).

NUMBER OF COPIES AND ROUTING: Form ICPC-102 is 8 pages in length; upon completion, it is to be submitted by the caseworker to the ICPC Unit.

The form may be completed in longhand to conserve time in completing the home study.

Each section of the form must be completed by either entering the required information or by entering "Not Applicable" to any section which does not apply to the specific case situation.

Send the original and 2 copies to the ICPC Unit in Central office. The worker is to keep one copy in the relative's record.

Name of Child To Be Placed: Enter the child's name (last name, first name, and middle initial, if any).

If more than one (1) child is proposed to be placed with the caretaker, list all additional children on a separate sheet of paper and attach the sheet to the back of the home study.

Age: Enter the age of the child who is proposed to be placed as of the date form ICPC-102 is completed.

If more than one (1) child is proposed to be placed with the caretaker, list each additional child's age on the sheet identified above beside each child's name.

Sending State: Enter the name of the state who issued form ICPC-101; e.g., Illinois, Kansas, etc.
Ethnic Group: Enter the ethnic group to which the child belongs as shown on form ICPC-101.

If more than one (1) child is proposed to be placed with the caretaker, list each additional child's ethnic classification on the sheet identified above beside the child's name and age.

DOB: Enter the child's date of birth as listed on form ICPC-101.

If more than one (1) child is proposed to be placed with the caretaker, list each additional child's date of birth on the sheet identified above beside the child's name, age and date of birth.

Dates of Telephone Contact: Enter the date(s) (mm/dd/yy) on which telephone contact was made by the worker with the proposed caretaker.

Dates of Home Visits: Enter the dates (mm/dd/yy) on which each home visit was made by the worker with the proposed caretaker.

NOTE: At a minimum, one (1) home visit with the proposed caretaker must be made.

PROPOSED CARETAKER/SPOUSE: This section relates to the proposed caretaker and spouse, if applicable. It is essential that complete information be entered to answer each question.

Name: Enter the name (last name, first name, middle initial) of the proposed caretaker. This information must agree with the same information contained on form ICPC-1 01.

If the name does not agree with information on form ICPC-101, contact the ICPC Unit in Central office for instruction before completing the remainder of this form.

Social Security #: Enter the social security number of the proposed caretaker.

If the caretaker does not have a social security number, enter "none" on this line.

Address: Enter the address (street, apartment number, city, state, and zip code) of the proposed caretaker.

If the address is a rural route, include the route number and box number of the proposed caretaker.

Telephone #s (Home): Self-explanatory. Include area code.

(Work): Self-explanatory. Include area code.

If the proposed caretaker does not have a telephone, enter a message telephone number, if possible.

If the proposed caretaker does not have a telephone number or a message telephone number, enter "None" on this line/these lines.

Employer's Name and Address: Enter the company name and address of the employer, if the proposed caretaker is employed.

Marital Status: Circle one of the entries to show the marital status of the proposed caretaker, as follows:

M	=	Married
S	=	Single
Sep	=	Separated
D	=	Divorced
W	=	Widowed

Living With: Name Enter the name (last name, first name, middle initial) of the adult person (other than legal spouse) with whom the proposed caretaker is living, if any.

If the proposed caretaker is living alone (without any other adult in the home), enter "Not Applicable" in this section.

Caretaker/Spouse: Enter the name (last name, first name, middle initial) of the caretaker's spouse, if these individuals are legally married.

Spouse's Employers Name and Address: Enter the company name and address of the employer of the caretaker's spouse, if employed.

Otherwise, enter "Not Applicable" in this section.

Telephone: Enter the work telephone number, including area code, of the employer of the caretaker's spouse.

If the employer does not allow the employee to receive telephone calls while on duty, specify that information beside the telephone number.

If the caretaker's spouse is not employed, enter "Not Applicable" on this line.

YOU MUST SUBMIT INCOME VERIFICATION

Income: Enter a dollar amount for the gross income of the household and circle the entry which reflects the pay period involved.

Head of Household: Enter the name of the adult (age 18 or older) who is considered to be the head of the household as evidenced by the name on rent receipts, utility bills, etc.

Number of Members in Household: Enter the number of adults age 18 or over and the number of children under the age of 18 in the household; use the designation A for Adults and C for children, e.g., A = 2 and C = 1 to indicate there are 2 persons age 18 or over and 1 child under the age of 18 in the home.

Relationship to proposed caretaker: Enter the relationship of the proposed caretaker to the head of household, if applicable.

If the head of household and proposed caretaker is the same person, enter "same" on this line.

Length of Relationship (if not marital): Enter the length of time the proposed caretaker and head of household have had a relationship.

If the head of household and proposed caretaker is the same person, enter "same" on this line.

Relationship of proposed caretaker to child: Enter the relationship between the proposed caretaker and the child who is being considered for placement in this home. If applicable, specify paternal or maternal to identify which side of the family is involved.

NOTE: Half relationships are considered the same as whole relationships (e.g., a "half sister" is the same as a sister).

Step relationships are considered the same as if related by blood (e.g., a "stepbrother" is the same as a brother).

A relationship "by marriage" terminates when death or divorce occurs, but if a child was born of the married parents, the relationship between the parents continues even after the marriage is dissolved.

Legal relationships between the child and members of the extended family may be altered whenever a court has terminated parental rights of the birth parents.

If the parental rights of only one birth parent have been terminated by the court, the child's relationship to the other birth parent (and the relatives of that birth parent) remains in effect.

Reason for wanting to care for children: Enter the reason given by the proposed caretaker for wanting to care for this child/these children and include your assessment of the response.

How did you hear about child's situation? Enter the response of the proposed caretaker to this question and include your assessment of the response.

Do you understand the situation that caused this request? Enter the response of the proposed caretaker to this question and include your assessment of the response.

Ability to protect child from offender: Enter your assessment of the ability of the proposed caretaker to protect the child from the person who perpetrated abuse or neglect.

Willingness to provide care (time limited or open ended?): Enter the response of the proposed caretaker to this question and include your assessment of the response.

Appropriateness of child care plans: Enter the response of the proposed caretaker to this question and include your assessment of the response. Include any necessary explanation if the proposed caretaker does not plan to utilize child care or if the child to be placed with the caretaker does not require child care.

Forms of Discipline: Enter the form(s) of discipline which the proposed caretaker plans to use. This section must include information about corporal punishment (will/will not be used).

Is Present Income Adequate? Enter your assessment of the adequacy of the income in the home to meet both (a) current expenses and (b) the additional expenses if the child is placed in the home.

Willingness (ability) to care for child without financial help: Check "yes" or "no" as appropriate for the response of the caretaker.

Willingness to accept/apply for AFDC? Check "yes" or "no" as appropriate for the response of the caretaker.

Requests Foster Care benefits? Check "yes" or "no" as appropriate for the response of the caretaker.

Willingness to undergo licensure? Check "yes" or "no" as appropriate for the response of the caretaker.

SPECIAL NEEDS

Ability of caretaker, community, schools to meet child/ren's special needs: Using the information contained on form ICPC-1 01, enter your assessment of the caretaker's ability to meet the child's special needs as well as the resources available in the schools and community to meet the child's special needs.

If the child does not have any special needs, enter "not applicable" in this section.

OTHER ADULTS IN HOUSEHOLD (List separately/use additional sheet to list household members if needed).

Name, Age, Relationship to proposed caretaker, Relationship to child to be placed, Attitude towards placement: Enter the appropriate information for each adult age 18 or over in the household.

OTHER CHILDREN IN HOUSEHOLD (list separately)

Name, age, Relationship to proposed caretaker, Relationship to child to be placed, Attitude towards placement: Enter the appropriate information for each child in the household.

If child(ren) in household are too young to respond to "attitude towards placement" enter "child too young" in this section beside that child's name.

School Progress/Problems: For each child in the household who is school age, enter the progress problems being encountered in school.

If no child in the household is school age, enter "not applicable" in this section.

Previous contacts with Public/Social Service Agencies: Enter the response of the caretaker to this question; include all previous contacts of each member of the household with each public/social service agencies, describing the date(s) of contact; type(s) of contact; services offered/provided; outcome(s), etc.

CLEARANCES: (in accordance with receiving state law)

Law Enforcement/child abuse and neglect clearances for all household members who have reached age of majority: For each adult member of the household, enter the appropriate information as requested. If, for some reason, law enforcement and/or child abuse/neglect clearances were not completed, please explain.

Police: Enter applicable information or explanation if no clearance was made.

Child Abuse and Neglect: Enter applicable information or explanation if no clearance was made. Family known to Public/Social Services Agencies (if yes, please explain): Self-explanatory.

If the family has not been known to any public and/or social services agencies, enter "not applicable" in this section.

HEALTH:

Proposed caretaker and other family members state that they are in basic, good health and free of communicable diseases: Check "yes" or "no" as applicable. If no, attach separate page of explanation.

HOME AND COMMUNITY

Adequacy of space: Enter your assessment of the home of the proposed caretaker in relation to its adequacy to accommodate the child who is being considered for placement.

Will the child have his/her own bed? Circle "yes" or "no" to answer this question. If no, explain.

will the child have his/her own closet space? Circle "yes" or "no" to answer this question. If no, explain.

Will the child share a bedroom? Circle "Yes" or "no" to answer this question. (If "yes" is circled, list name(s) below).

With whom? If the previous question was answered "yes," enter the name(s) of each child with whom the child will be sharing a bedroom.

Housekeeping standards: Enter your assessment of the housekeeping standards of the proposed caretaker, taking into account the needs of the child who is being considered for placement.

Viewed potential hazards, safety problems (please specify) Enter your assessment of any potential hazards or safety problems which could/would impact on the child who is being considered for placement.

If no potential hazards or safety problems are observed, enter "none" in this section.

Appropriateness of neighborhood: Enter your assessment of the caretaker's neighborhood, taking into account the needs of the child who is being considered for placement.

Proximity to schools, medical services, etc.: Enter your assessment of the proximity of community resources being available to the caretaker and the child being considered for placement, taking into account the special needs, if any, of the child.

AREA OF CONCERN:

Did you visualize or anticipate any potential problem areas with this case (explain)? Self-explanatory.

CASE PLAN FROM SENDING STATE:

Is the submitted case plan suitable/adequate for this proposed placement? Circle "yes" or "no" and, if no, explain in the space provided.

Do you have any recommended changes in the case plan or goal? Self-explanatory. If none, enter "none" in this section.

Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency? This question is self-explanatory. Enter as much detail as necessary to explain your responses.

If none, enter "none" in this section.

Financial/Medical Plan from Sending State: Is it adequate for this child? Circle "yes" or "no" and if no, explain in the space provided.

STUDY NARRATIVE

Discuss any areas which cannot be addressed by this abbreviated study.. Please expand or expound on any area which needs clarification. Self-explanatory.

Worker's Recommendation: Check "For Placement" or "Against Placement" as applicable. If the recommendation is against placement, please explain.

NOTE: THE FORM WILL NOT BE ACCEPTED BY THE ICPC UNIT OR THE SENDING AGENCY IF THIS SECTION IS LEFT BLANK.

Comments: (If appropriate) Self-explanatory.

Name of Worker: Please print the name of the worker who completed this home study.

Name of Supervisor: Please print the name of the workers immediate supervisor.

Title: Enter the worker's job title on the left side of the page and the supervisor's tile on the right side of the page.

Signature: The worker who completed this home study is to sign his/her name in this section on the left side and, if appropriate, the immediate supervisor of the worker is to sign his/her name in this section on the right side.

Date: Enter the date on the left side of the page when the worker signed the form.

Enter the date on the right side of the page when the worker's supervisor signed the form, if applicable.

Telephone Number of Worker and Supervisor: The worker and the supervisor of the worker are to enter their respective work telephone number, including area code and, if applicable, their extension.

REFERENCES: Space is provided to enter information for three (3) references as given by the proposed caretaker.

Enter the name, street address, city, state, zip code, home telephone number and, if applicable, the work telephone number for each reference given by the proposed caretaker.

Beside each identified reference, check the box "yes" or "no" to indicate whether or not contact was made with the reference.

Beside each identified reference who was contacted, check the box "positive" or "negative" to indicate the information given by the reference was positive or negative in regard to the proposed caretaker and the plan to place the child with the proposed caretaker.

If a reference gives a negative report, please explain the information on the lines provided.

ICPC GUIDEBOOK

Reviewed 5/3/04