INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

TO: (Name and Address of Compact Administrator)		FROM: (Name and Address of Reporting ICPC Admin.)
		Deputy Compact Administrator Bureau for Children and Families 350 Capitol Street, Room 691 Charleston, West Virginia, 25301
IDENTIFYING INFORMATION		
Child's Name: Birth date:		
PARENT 1:	PARENT 2:	
Name of Placement Resource:		
PLACEMENT STATUS		
Placement Request Withdrawn:		
Initial Placement With: Date: Name:		
Address: Type of Care:		
Placement Change: Date:		
Name: Address:		
Type of Care:		
COMPACT TERMINATION		
Reason:		_
Adoption Finalized	nding 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		☐ 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 COMPLETING ICPC FORM 100B

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

Form ICPC-100B is used to confirm that an approved placement has occurred, to indicate changes in placement or case planning status, and to confirm the termination of the ICPC agreement. While it does not carry the same "contractual" significance as the ICPC-100A, 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 applicable, within the receiving state. It is also a very important mechanism for notifying another state when the Compact has been terminated and, thus, providing formal confirmation of case closure. In addition, the information reported is designed to coincide with subsequent ICPC-100As (e.g., a new approval of a resource into which a child is being replaced without leaving the receiving state) and with Forms ICPC-100C and D, items 6 (ICPC termination) and 7 (replacements). Each member state is asked to facilitate the complete and consistent use of form ICPC-100B at whatever point (s) it is appropriate.

SPECIFIC INSTRUCTIONS

In the first two blocks, enter the name of the state submitting the reported information (FROM: WV ICPC) and the name of the state to whom the form is being forwarded (I.E. TO: Kentucky ICPC).

SECTION 1---- IDENTIFYING INFORMATION

Enter the full legal name and birth date of the child for whom this placement information is being reported.

Enter the names of the birth/legal mother and birth/legal father as they appear 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 placement 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 Section II: Foster Family Care, Adoption, etc.; for placement with a relative, 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 that are applicable.

SECTION 3----COMPACT TERMINATION

<u>Adoption Finalized:</u> 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.

<u>Child Reached Majority/Legally Emancipated:</u> 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.

<u>Legal Custody and/or Guardianship Awarded for Returned To:</u> 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.

<u>Treatment Completed:</u> 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).

<u>Sending State's Jurisdiction Terminated:</u> 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...). 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.

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

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

<u>Other:</u> 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, etc.

Put down the exact date of the activity that 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.