

CASE WORKER ASSIGNMENT FORM

Children's Name(s) & Case Number(s) (additional sheets may be attached for sibling groups)

Placement Resource Name (s) & Provider Number

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Date of assignment to worker:

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Worker assigned & contact Information:

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Assignment Type:

- Home Study
- Placement Supervision

This form will serve as notice that you have received the home study or placement supervision request and provide the ICPC office with information on the status of the request so it can be shared with the sending state.

Please utilize this form when an initial assignment is made and when changes occur in assignments.

Assignments must be made immediately, so contact can be made timely in accordance with the ICPC Regulations. The WV ICPC Office must be notified timely, so notification can be made to the sending state timely.

Name of person submitting the form:

Print Name:	
Signature:	
Date:	