

STATEMENT OF ASSURANCE

I/We, having legal custody, responsibility, or jurisdiction of the minor,

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(Name of child)

(Date of Birth)

request consideration for placement of said child into another state, and hereby assure the West Virginia Department of Health and Human Resources that if such placement is approved and effected, I/We will retain responsibility for this child, including responsibility for returning him/her to West Virginia if requested to do so by the West Virginia Department of Health and Human Resources at any time until he/she attains his/her majority, is legally adopted, or is discharged from my/our care, custody, responsibility, or jurisdiction with the consent and approval of the appropriate authorities in the state into which he/she is placed.

*(If placement is related to private placement in a Residential Treatment Facility outside of West Virginia I/We understand financial responsibility for expense related to medical, treatment, supervision, room and board, education etc. not covered by medical insurance/Medicaid Card are the responsibility of the legal guardian of the child)*

Signed: \_\_\_\_\_

(Authorized Representative-Birth Parent(s) or guardian)

\_\_\_\_\_  
(Title/Relationship)

\_\_\_\_\_  
(Date)

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Instructions: Prepare in Triplicate for each child for whom placement is requested into a state which is party to the Interstate Compact on the Placement of Children. Send THREE copies of the form with THREE copies of the ICPC packet to:

WV ICPC

West Virginia Department of Health and Human Resources

Bureau for Children and Families

350 Capitol St, Room 691

Charleston, WV 25301-3704