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| State_Seal3 | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Interstate Compact on the Placement of Children (ICPC) Report  on Child’s Placement Date or Change of Placement – 100B** | | | | | | | |
| **Use of Form:** Complete this form to confirm out-of-state placement of child(ren), change or terminate or withdraw an interstate compact request, per RCW 26-34. This is an ICPC specific form. There should be no Washington state addresses for placements on this form. | | | | | | | | |
| TO:  Name – Receiving State | | | | | FROM:  Washington ICPC  Department of Children, Youth, and Families  1500 Street SE  P.O. Box 40985  Olympia, WA 98504 | | | |
| **Identifying Information** | | | | | | | | |
| NAME OF CHILD (LAST, FIRST, MI) | | | | | | | DATE OF BIRTH | |
| **ICPC Placement** | | | | | | | | |
| NAME OF INITIAL OUT-OF-STATE PLACEMENT | | | PLACEMENT TYPE  Relative  Foster  Parent  Adoption  Group Care | | | | OUT-OF-STATE PLACEMENT DATE (MM/DD/YYYY) | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | |
| **ICPC Placement Changes** | | | | | | | | |
| Placement Resource Moved | | NEW ADDRESS | | | | | | |
| Placement Change | | EXISTING PLACEMENT TYPE FROM:  Relative  Foster  Adoption  Group Care  Parent | | | | PLACEMENT TYPE CHANGE TO:  Relative  Foster  Adoption  Group Care  Parent | | |
| NAME OF ICPC PLACEMENT | | | | | | EFFECTIVE DATE OF CHANGE (MM/DD/YYYY) | | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | |
| **ICPC Termination** | | | | | | | | |
| DATE OF TERMINATION (MM/DD/YYYY) | | | | | | | | |
| REASON FOR TERMINATION | | | | | | | | |
| Receiving state requested return   Placement breakdown  Sending state requested return  Placement breakdown  Transferred to another state  Child reached age of majority  Child ran away  Approved ICPC placement will not be used  Treatment completed / returned from facility | | | | Placement request withdrawn  Legal custody given to  (include court documents if available)  Child returned to parent case closed (include court documents if available)  Mother  Father  100-A approval expired (MM/DD/YYYY):  Adoption finalized date (MM/DD/YYYY): (include court documents if available) | | | | |
| Other (Specify): | | | | | | | | |
| **Signatures** | | | | | | | | |
| PERSON PROVIDING INFORMATION | | | | | | | | DATE |
| REPORTING COMPACT ADMINISTRATOR / ALTERNATE | | | | | | | | DATE |
| **Interstate Compact on the Placement of Children Report on  Child’s Placement Date or Change of Placement – 100B**  Form DCYF 15-093 is used to (1) confirm that an approved placement in accordance with the Compact has been made, (2) withdraw a request prior to the home study completion, (3) indicate that an approved resource will not be used, (4) report a change in the placement resource and/or type of care, (5) report a change of address, and (6) close an ICPC case.  **Specific Instructions**  **Complete one form per child** or per sibling if the action applies to siblings at the same time. In the first two blocks, enter the name and state of the ICPC Administrator whose state is submitting the reported information (FROM) and the name and state of the ICPC Administrator to whom the form is being forwarded (TO).  **Identifying Information**: Enter the full legal name and date of birth of the child being placed.  **ICPC Placement:** Complete this section for the initial ICPC placement for a child. Name of placement resource, placement type as approved on DCYF 15-092, and date child was placed out of state.  **ICPC Placement Changes**: If some aspect of the placement changes while the child remains in the receiving state this section is completed; approved placement resource moves, or type of placement changes. Check the appropriate box and indicate the changes and date of change. An example might be the ICPC approved relative placement resource is now an ICPC approved adoptive resource.  Subsequent DCYF 15-093 forms will list the new Placement Resource under **Placement Changes**.  **ICPC Termination:** Enter date, and check reason  **Receiving state requested return:** Check additional box if this was due to placement breakdown/disruption.  **Sending state requested return:** Check additional box if this was due to placement breakdown/disruption.  **Child Reached Majority/Legally Emancipated**: Mark this box if the child has reached majority age and has simultaneously ceased to be the responsibility of the sending agency.  **Placement request withdrawn**: ICPC request for placement has been submitted and case worker has decided not to explore that resource further, mark this box, and list the name of the proposed placement resource under ICPC placement.  **Child ran away**: Child ran from placement resource, placement closed.  **Approved ICPC placement will not be used**: ICPC approval has been received; it has been decided not to utilize placement.  **Legal Custody Given to (identify person)**: This box should be marked when the child’s legal custody and/or guardianship is awarded to placement resource (other than parents) with the concurrence of the receiving state. Attach the court order (if available) transferring custody.  **Treatment Completed/returned from facility**: 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., Group Care.  **Child returned to Parent**: child successfully returned, case is closed with ICPC concurrence. Identify mother, father or check both if applicable.  **100A approval expired**: if ICPC placement is not utilized after approval, the ICPC expiration date is 6 months after approval date.  **Adoption Finalized**: If an ICPC adoptive placement has been finalized, indicate the date of finalization. Attach the final adoption decree.  **Other Reason**: Please mark and specify if the reason for Compact Termination if not listed above.  **Signatures**: Person providing information: Assigned DCYF worker, private individual or agency signs and dates the form.  The second signature space is signed and dated by the Compact Administrator, Deputy, or Alternate. | | | | | | | | |