

ICPC Community Based Care Transmittal

Must accompany all correspondence from worker/Community Based Agency

Lead Community Based Agency: Contracted Community Based Agency:	
County: Phone #:	
Supervisor: Phone #:	
Child(ren)'s Name(s) (list alphabetically): Date Submitted to Lead CBC ICPC Liaison: State correspondence is being sent to:	
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☐ Submitting Placement Confirmation/Change in Placement/Termination (100B) – 1 copy pe	er child
Date Sent to Tallahassee:	
Lead CBC ICPC Liaison Signature:	

Proper Assembly of Material

Requesting Home Study – For each placement resource, complete 1 copy of the following items: cover letter, social assessment, court order, Case Plan, Financial/Medical Plan, and additional information. Place the 100A on top of the entire request packet. Keep 1 copy of the 100A for your file. Do not staple any of the documents.

Submitting Home Studies/Progress Reports/Sending or Requesting Information to/from Other States – send 1 copy of Requests/Information with one copy of this transmittal on top of the packet. Do not staple any of the documents.

Submitting Placement Confirmation/Changes/Terminations – 1 copy of 100B for each child.