



# SENDING STATE PRIORITY HOME STUDY REQUEST (ICPC Regulation #7 Request Only)

ASSOCIATION OF ADMINISTRATORS  
OF THE INTERSTATE COMPACT ON  
THE PLACEMENT OF CHILDREN  
ICPC 101 (Aug 96)

## To Be Submitted By Social Worker With Other Required ICPC Materials (See CFOP 175-55)

Name of Child To Be Placed	Age	Mother's Name
Ethnic Group	Date of Birth	Father's Name

### PROPOSED CARETAKER

Name	Marital Status	Living With (Name)
Address	City, State, Zip Code	
Home Telephone Number	Work Telephone Number	Social Security Number
Relationship to Child Identified Above	Best Time of Day to Contact Caretaker and Telephone Number, if different	
Employer (if applicable) and Address		Telephone Number
Alternate Contact Name and Relationship to Child		
Alternate Contact Address		Telephone Number

### ASSESSMENT OF CHILD

Case Plan Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO	Financial/Medical Plan Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Special Needs			
Handicaps — Mental/Physical			
Service Needs/Treatment Requirements			
School Information			
Other Required Pertinent Information Regarding Child and Family Will Follow? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Worker's Name (Please Print)	Supervisor's Name (Please Print)	Unit's Phone No. (NOT SunCom)	Unit's FAX No. (NOT SunCom)
Worker's Signature	Date	Supervisor's Signature	Date