

INSTRUCTIONS FOR COMPLETING FORM ICPC-100B INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

Form ICPC-100B 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, (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.

It is an extremely useful tool for both the Compact offices and local agency staff in maintaining a current knowledge of the child's movement into, out of and, if pertinent, within the receiving state. It is also a very important mechanism for notifying another state when a placement under the Compact has been terminated and, thus, providing formal confirmation of case closure.

IF YOU OPEN A CASE, YOU MUST CLOSE A CASE.

While it is the responsibility of the sending state to complete the ICPC-100B's, the receiving state may complete the ICPC-100B if they become aware of a placement change or reason for termination.

SPECIFIC INSTRUCTIONS

(Complete one form per child or per sibling if the action applies to siblings at the same time.) **NOTE: When a Virginia resident, court, or agency is the "sending" person or agency, leave "TO" and "FROM" blank. This VA Interstate Office will complete it.**

Section I: IDENTIFYING INFORMATION

Enter the full legal name and birth date of the child concerning whom this placement information is being reported.

Enter the names of the legal mother and the legal father as on the ICPC-100A.

Section II: PLACEMENT STATUS

To confirm the Initial Placement, indicate the resource's name and address and the exact date the child was placed in the receiving state. For Type of Care, enter the same information that is marked for that item on form ICPC-100A: Foster Family Care, Adoption, etc.; with relative placements, specify the relationship.

If some aspect of the placement changes while the child remains in the receiving state, mark the Placement Change box and indicate the exact effective date of the change. If

the child moves from one placement resource to another, mark all of the remaining boxes and enter the requested information. For example, if a child leaves his/her parents' home and is placed in a residential treatment center, fill in the facility's name and address and indicate the new Type of Care. Subsequent ICPC-100Bs will list the new Placement Resource under IDENTIFYING INFORMATION. Any additional moves to replace the child within the receiving state will be reflected in this same manner. If only the Name (e.g., mother re-marries) or Address (original placement resource moves) changes, mark and complete only those items which are applicable.

An ICPC-100B must be completed when there is a change of purpose in an existing placement, e.g., from foster care to adoption. An ICPC-100A may be required at the request of the receiving state.

Section III: COMPACT TERMINATION

Adoption Finalized: If an ICPC adoptive placement has been finalized (consummated), mark that box and the appropriate box for the state in which finalization occurred, Sending or Receiving. Attach the final adoption decree to the 100B.

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, or if the child has become emancipated through such legal action as marriage or court decision.

Legal Custody returned to parent(s): This box should be marked when the child's legal custody/guardianship is returned to the parent with the concurrence of the receiving state. Attach the court order transferring custody to the parent(s) to the 100B.

Legal Custody given to relative: This box should be marked when the child's legal custody and/or guardianship is awarded to relatives (other than parents) with the concurrence of the receiving state. Attach the court order transferring custody to the relative to the 100B.

Treatment Completed: 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., Residential Treatment Center. This box may also be checked if the child/youth was placed through Article VI of the Compact.

Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State: This item is marked when the jurisdiction of the sending state has ended for some reason other than the transfer of custody to parents or relatives with the concurrence of the receiving state's supervising agency and/or court. For example, if formal legal custody/guardianship is not going to be addressed but both states agree that supervision is no longer required or if both states agree to transfer jurisdiction to the receiving state. If the sending state's jurisdiction is terminated without the concurrence

of the receiving state (including custody/guardianship transfer), the decision was made unilaterally and that box should be marked.

Unilateral Termination: This box is marked when the interstate agreement has been terminated unilaterally, whether by the sending or receiving state. A unilateral termination is one which one state terminates the interstate placement agreement without the concurrence of the receiving state.

Child returned to Sending State: Mark this box when the child returns to the state he/she was placed from. This may be due to a disruption in placement.

Child moved to Another state: Mark this box when the child moves to a state other than the sending state.

Proposed Placement Request Withdrawn: If you have submitted form ICPC-100A to request placement approval and have decided not to explore that resource further, mark this box, list the Name of the Proposed Placement Resource, and date of your decision to terminate the Compact. This box should be marked only when no action has yet been taken on Form ICPC-100A. If you are withdrawing more than one request, submit separate ICPC-100B on each and list each respective Placement Resource.

Approved Resource Will Not Be Used For Placement: This box should be marked when you have received an approved ICPC-100A but have decided not to place the child with that resource. List the name of the Approved Placement and date of your decision to terminate the Compact.

Other Reason: Please mark and specify if the reason for Compact Termination is not listed above; for example, the entire family moved to another state (new address should be indicated under Placement Change), the death of a child, the child ran away and his/her whereabouts are unknown.

Date of Termination: Indicate the exact date of the activity, which terminated the Compact Agreement.

Section IV: SIGNATURES

If a private individual or local agency is completing the form, please have a designated person sign, under Person/Agency/Supplying Information, identify his/her agency, and date the signature.

The second block should be signed and dated by the Compact Administrator, Deputy, or Alternate.

DISTRIBUTION

Self-explanatory.

COMMONWEALTH OF VIRGINIA
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS

TO:

FROM:

SECTION I - IDENTIFYING INFORMATION

Child's Name: _____ Birthdate: _____
Mother's Name: _____ Father's Name: _____

SECTION II - PLACEMENT STATUS

Initial Placement of Child in Receiving State Date Child Placed in Receiving State: _____
Name of Resource: _____
Address: _____
Type of Care: _____
 Placement Change Effective Date of Change: _____
Name of Resource: _____
Address: _____
Type of Care: _____

SECTION III - COMPACT PLACEMENT TERMINATION

Adoption Finalized In Sending State In Receiving State Court Order Attached
 Child Reached Majority/Legally Emancipated
 Legal Custody Returned to Parent(s) Court Order Attached
 Legal Custody Given to Relative Court Order Attached
Name: _____ Relationship: _____
 Treatment Completed
 Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State
 Unilateral Termination
 Child Returned to Sending State
 Child Has Moved to Another State
 Proposed Placement Request Withdrawn
Name of Placement Resource: _____
 Approved Resource Will Not Be Used for Placement
Name of Approved Placement: _____
 Other (Specify): _____
Date of Termination: _____

SECTION IV - SIGNATURES

Person/Agency Supplying Information: _____ Date: _____

Compact Administrator, Deputy or Alternate: _____ Date: _____