

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST**

**TO:**

**FROM:**

**SECTION I - IDENTIFYING DATA**

Notice is given of intent to place - Name of Child:			Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Sex:	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
Name of Mother:			Name of Father:	
Name of Agency or Person Responsible for Planning for Child:				Phone:
Address:				
Name of Agency or Person Financially Responsible for Child:				Phone:
Address:				

**SECTION II - PLACEMENT INFORMATION**

Name of Person(s) or Facility Child is to be placed with: <b>Copper Hills Youth Center</b>		Soc Sec # (optional): Soc Sec # (optional):	
Address: <b>5899 West Rivendell Drive, West Jordan, UT 84081</b>		Phone: <b>(801) 561-3377</b>	
<b>Type of Care Requested:</b>		<input type="checkbox"/> ADOPTION	
<input type="checkbox"/> Foster Family Home	<input checked="" type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> IV-E Subsidy	<input type="checkbox"/> Non IV-E Subsidy
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	Relationship: _____	
<input type="checkbox"/> Child Caring Institution	<input type="checkbox"/> Other: _____	To Be Finalized In:	
<b>Current Legal Status of Child:</b>		<input type="checkbox"/> Sending State	
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Protective Supervision	<input type="checkbox"/> Receiving State	
<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption		
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Unaccompanied Refugee Minor		
	<input type="checkbox"/> Other:		

**SECTION III - SERVICES REQUESTED**

<b>Initial Report Requested (if applicable):</b>	<b>Supervisory Services Requested:</b>	<b>Supervisory Reports Requested:</b>
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Upon Request
<input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Other:
Name and Address of Supervising Agency in Receiving State:		
<b>Enclosed:</b> <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation		



Signature of Sending Agency or Person:	Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:	Date:

**SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC**

<input type="checkbox"/> Placement may be made	<input type="checkbox"/> Placement shall not be made
<b>REMARKS:</b>	
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:

DISTRIBUTION (Complete six (6) copies):

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.