Interstate Compact on the Placement of Children
Guidelines for Placing Children Across State Lines
Purposes of handbook and interstate compact on the placement of children (ICPC)

This handbook is designed to provide guidance to the Department of Human Services (DHS) caseworker who is considering the placement of a child in another state. It provides guidelines to the process and information on completing forms. The handbook is not intended to be a substitute for Oregon Statute, the text of the ICPC DHS policy, or individual case consultation.

The primary purpose of the ICPC is to protect the child's interests. When placement is into another state, it is the authorities in that state who have the best opportunity to evaluate the proposed placement resource and the placement environment. It is also the personnel in the receiving state who are on-site to monitor the placement and to provide professional progress reports. The ICPC allows Oregon’s jurisdiction to follow the child into the receiving state. Therefore, Oregon remains responsible for the child’s physical, medical and emotional well-being.

Who to contact

Case assignments are based on the oldest child’s last name:

<table>
<thead>
<tr>
<th>A – G</th>
<th>Diana Hammond</th>
<th>503-945-5673</th>
</tr>
</thead>
<tbody>
<tr>
<td>H – Q</td>
<td>Terrie Anderson</td>
<td>503-945-7019</td>
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<td>R – Z</td>
<td>Vera James</td>
<td>503-945-5671</td>
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</table>

Delinquency cases and runaways: Carol Gillespie, coordinator
Interstate Compact on Juveniles (ICJ)
Oregon Youth Authority
503-373-7569

Compact administrator: Assistant DHS Director
Children, Adults and Families Division

Deputy compact administrator: Harry Gilmore 503-945-6685

- Address: Barbara Roberts Oregon Department of Human Resources building
Oregon Interstate Compact
500 Summer Street, NE E-70
Salem, OR 97301-1063  Facsimile: 503-947-5072
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ICPC BASICS

Definition of ICPC

The Interstate Compact on the Placement of Children establishes procedures and regulations for placement of children across state lines. The purpose of the ICPC is to ensure that children are placed in a safe environment, and to give children legal and financial protection by fixing those responsibilities with the sending agency. In addition, the ICPC ensures that the sending state does not lose jurisdiction over the child, and it provides the sending state the opportunity to obtain supervision and regular reports on the child’s situation.

The ICPC has been enacted by all 50 states, as well as the District of Columbia and the U.S. Virgin Islands. It is a uniform law, which means that the provisions are the same in all member states.

The ICPC was adopted into law by the 1975 Oregon legislature. The legislation requires that when a child in state custody is placed in another state, the placement must be approved and supervised through ICPC. Oregon ICPC legislation can be viewed in Oregon Revised Statutes (ORS) 417.200. ICPC procedures are covered in DHS policy in the Client Services Manual I-B.3.4.2 (OAR 413-040-0200 – 0330).

Information about the ICPC can be found on the Internet at: http://icpc.aphsa.org/.

When ICPC is necessary

Placement must be approved by ICPC when (a) a child is in the custody of a state (including a court) and (b) the child is to be placed in another state.

Out of state placement resources include: (a) Parent, (b) Relative, (c) Foster Care, (d) Adoptive Home, (e) Group Home, and (f) Residential Care Facility.

[Note: before children in Oregon DHS custody are placed in out of state residential treatment, the residential resource consultant must recommend the placement contract, and the manager of the Department’s Treatment Services Licensing Unit must authorize the contract before the ICPC is initiated.]
Travel arrangements and placement may not be made without prior ICPC approval, which is documented by the receiving state ICPC administrator’s approval and signature on the 100A.

**The law requires**

- Home study prior to placement.
- ICPC approval from the receiving state prior to placement.
- The placement not be contrary to the child’s interests.
- Dismissal of wardship only with written concurrence from the receiving state.
- Compliance with the laws of both states (*receiving and sending).*

*Sending state:* *The state that sends, brings or causes a child to be placed in another state.*

*Receiving state:* *The state into which a child is brought or sent.*

**Definition of a visit**

- See Regulation 9 of the Interstate Compact on the Placement of Children for a full explanation of what constitutes a visit.
- Visits and placement are distinguished by purpose, duration, and intention of the person or agency responsible for planning for the child.
- The purpose of a visit is to provide the child with a social or cultural experience of short duration, such as a stay in a camp or with a friend or relative who has not assumed legal responsibility for providing child care services.
- A stay of longer than 30 days is a placement, except if it begins and ends within the period of a child’s vacation from school. A visit may not be extended to exceed 30 days or the school vacation period.
- A visit must have an end date. If there is no end date, it is considered a placement.
- A request for home study or supervision made by the sending agency will establish a rebuttable presumption that the intent of the stay is not a visit. [Please consult with the Oregon ICPC office if there is a plan to send the child on a genuine visit, such as during a school break, while a home study is in process. The Oregon ICPC office will attempt to obtain permission for the visit from the receiving state’s ICPC office.]
- A visit is not subject to the ICPC.
- When an Oregon child is on a visit, the child continues on the Oregon Health Plan. The child can get emergency medical care while on a visit (bill to OHP) but routine medical
care is not covered. The caregiver with whom the child is visiting cannot receive foster payment while the child is on a visit.

**ICPC process**

1. Referral packet, including the 100A (ICPC Request) is assembled by the DHS case worker (see page 26).
2. Three identical copies of the referral packet are sent to the Oregon ICPC office.
3. Oregon ICPC sends referral to the ICPC office in the receiving state.
4. The ICPC office in the receiving state forwards the request to their local child welfare office, requesting a home study for the provider.
5. The local child welfare office in the receiving state assigns a child welfare worker to complete the home study.
6. The receiving state’s child welfare worker sends the completed home study and placement recommendation to the ICPC office in the receiving state.
7. The ICPC office in the receiving state approves or disapproves the placement on the 100A and forwards the home study and the 100A to Oregon ICPC.
8. Oregon ICPC reviews the home study, and forwards the study and the 100A to the DHS case worker. If placement is denied, the ICPC case automatically is closed. Once the home study is received, Oregon has 14 days to decide whether it would be contrary to the child’s welfare to make a placement decision based on the report. If significant information is missing from the study, the Oregon case worker should notify the Oregon ICPC office immediately.
9. If placement is approved, the DHS case worker can make arrangements to place the child. [Contact Oregon ICPC for authorization for travel expenses. See page 12.] The Juvenile Court must approve the child’s moving out of state. Placement is not approved until the ICPC administrator in the receiving state has signed the approved 100A. Approval is valid for six months.
10. When the child is placed, the DHS case worker completes a form 100B (Report on Child’s Placement Status, see page 38.) and sends it to the Oregon ICPC office in triplicate. Supervision will not be provided until the 100B has been completed and sent through Oregon ICPC.
11. Supervision reports are routed through the ICPC offices in both states and sent to the placing DHS case worker according to the frequency stated on the 100A.
12. When the receiving state concurs (in writing through both states’ ICPC offices), the dependency can be dismissed. The DHS case worker then sends a 100B to the Oregon ICPC office to close the ICPC case.

** At any time during this process, if the placement will not be used, the DHS case worker sends a 100B to the Oregon ICPC office to close ICPC.

**Communication**

Case workers should not contact another state’s ICPC Coordinator directly, but should route communication through their own state’s ICPC office. In most instances, case workers are encouraged to have direct verbal or e-mail communication with their counterparts in the other state to more effectively co-manage the placement. A few states discourage direct contact between case workers from each state; when in doubt, route communication through the ICPC office.

Written materials such as supervision reports, recommendations for services, or critical case updates should be sent through ICPC. A home study and placement decision are not official and valid unless they have passed through the ICPC offices. Similarly, the receiving state’s recommendation to close the case should be routed through ICPC to verify that it has been reviewed by the appropriate authority in the receiving state, per ICPC rules.

How to send written materials (through ICPC or direct between workers):

- Placement Approval or Denial (100A) ............... Through ICPC
- Home Study.................................................. Through ICPC
- Placement notification/closure (100B) ............ Through ICPC
- Quarterly supervision report......................... Through ICPC
- Concurrence for dismissal/finalization............. Through ICPC
- Foster license/certificate................................. Either through ICPC or direct
- E-mails.......................................................... Direct, cc: ICPC Coordinator if critical information

Call the Oregon ICPC office if you have questions about materials you want to send to the other state.
RESPONSIBILITIES

Responsibilities of the sending agency case worker

- Prepare referral packet.
- Retain custody/jurisdiction of the child until the receiving state concurs with dismissal.
- Provide ongoing planning for the child.
- Ensure that sending agency covers all costs for support and maintenance of the child, including foster care payment, medical coverage, and funding for services.
- Make travel arrangements to place the child (and return if placement disrupts). Oregon workers, contact Oregon ICPC for preauthorization for travel expenses.
- Send 100B to the Sending State ICPC office for child's placement or to close ICPC.

Responsibilities of the sending state ICPC office

- Review and forward placement requests to the Receiving State ICPC office.
- Ensure compliance with state laws.
- Monitor flow of reports.
- Monitor placement status.
- Provide help to resolve problems regarding ICPC placement issues.
- Prior authorize all travel arrangements and reimbursement for travel expenses.
- Review and forward written communication between sending agency and receiving state.

Responsibilities of the receiving state ICPC office

- Review and forward placement requests to the local office.
- Ensure compliance with state laws.
- Approve or deny placement.
- Monitor flow of reports.
- Monitor placement status.
- Provide help to resolve problems regarding ICPC placement issues.
- Authorize case closure by the sending state based on recommendation of the local (receiving agency) office.
Responsibilities of the receiving agency

- Complete home study and make recommendation for placement.
- Supervise placement.
- Complete reports as requested by sending state.
- Assist with referrals and monitor whether requested services are received. *(note: sending agency is responsible for payment for services).*
- Notify receiving state ICPC office when placement changes or problems occur.
- Recommend dismissal and case closure.

Travel arrangements and expenses

Travel arrangements to place a child in another state may not be made until the placement is approved through ICPC. Travel authorization by the Oregon ICPC office takes the place of the out-of-state travel authorization process (form 1293) used for other travel. ICPC will pay only for expenses authorized in advance.

The state having legal custody of the child is responsible for payment of the child's travel expenses. Therefore, Oregon ICPC will pay travel costs only for ICPC placement of children who are in Oregon custody.

The Oregon ICPC office is billed directly for airfare, and will reimburse the traveler(s) for other costs, such as lodging, meals, rental car, gas, airport parking, and reasonable costs for shipping the child's belongings.

For adoption cases, Oregon ICPC will cover travel costs for one pre-placement visit in addition to the placement travel. Oregon ICPC will cover travel costs to return a child to Oregon when an ICPC placement disrupts.

Process:

1. Develop a travel plan including dates of travel. See policy I-B.3.4.2 for information about what transportation costs may be covered by ICPC.

2. Contact the Oregon ICPC office for a travel authorization number.

3. Contact the state’s contracted travel agency to make travel arrangements.

4. Submit travel claim (form 1297) to the Oregon ICPC office, including itemized receipts for reimbursement items.

5. Send the 100B through ICPC to show the date child was placed (or to close ICPC if placement disrupted).
If travel costs are not authorized by the Oregon ICPC office in advance, the field office will be responsible for the costs.

When a parent absconds to another state with a child who is in the agency’s legal custody, a pick-up order may be issued by the Oregon court, and the child may be returned to Oregon. In those cases, the field office will pay for the travel costs to return the child to Oregon.

Expenses to return a runaway child are covered by the Oregon Youth Authority coordinator for Interstate Compact on Juveniles (ICJ).

**Closing the case**

Termination of services through ICPC occurs when:

- Adoption is finalized*; or
- Child reaches maturity or is legally emancipated; or
- Legal custody and/or guardianship is awarded or returned to the parent/relative*; or
- Treatment is completed; or
- Child returns to sending state; or
- Child moves to a different state (then open a new ICPC case for the new state); or
- Proposed placement request is withdrawn; or
- Approved resource will not be used for placement.

* Only with written agreement of the receiving state

Once a child is placed in another state, the sending state **must maintain jurisdiction** until the appropriate authority (usually the ICPC office) in the receiving state concurs with dismissal, whether the dismissal is for an adoption to finalize, for guardianship to be established, or for custody to be returned to the parent(s).

**Prior** to asking the Oregon court to dismiss our custody, ask the supervising worker in the receiving state to send through their ICPC office a written recommendation to finalize the adoption, establish guardianship, or return custody to parent(s). Ask for court dismissal only **after** the ICPC office has sent the written recommendation to close the case.

Send 100Bs and copies of court order, if applicable, to the Oregon ICPC office to close the ICPC case.
FINANCIAL AND MEDICAL

The sending state is responsible for the child’s financial support, including payment for services and other supports (such as clothing vouchers, bus passes, evaluations, foster parent mileage reimbursement, etc).

The sending state is responsible for ensuring that the child has medical coverage. The child may qualify for Medicaid in the receiving state, but ultimately it remains the sending state’s responsibility to provide for medical coverage.

If the child is placed with a parent in another state, the parent is responsible for supporting the child and applying for financial/medical assistance if needed.

Always consult with your IV-E Eligibility Specialist to verify eligibility prior to placing child out of state. In order to avoid problems after placement, review financial and medical plan with the care provider prior to placement.

Foster care payments

To be eligible for monthly foster care payments:

Non-related placements must be foster-licensed or certified in order to receive foster payments. If the child is IV-E eligible and placed with a relative, Oregon will request documentation that the caregiver meets the safety/certification/licensing requirements of the receiving state. For most states, that means the caregiver needs to go through foster licensing or certification. California does not foster license relatives; instead, a CF93 (Foster Care Statement Form, provided by ICPC Coordinator in Central Office) will be completed, or California will issue its own foster care statement.

To open foster care:

1. Provide a copy of the home study, approved 100A, and foster license/certificate (if applicable) to your certification clerk to open a provider number.

2. Complete your branch process to open a service. The monthly payment amount will be the receiving state’s rate. You can get the rate from the worker who is supervising the placement in the receiving state, or you can contact the Oregon ICPC office for that information. Personal or special care rates are not paid to out of state placements. However, many states have levels of care, and you should request documentation from the supervising worker if the child qualifies for a higher level of foster care payment.
Medical coverage for children in substitute care

IV-E eligible:
If the child is Title IV-E eligible and receiving IV-E foster payments, in most cases the child will be eligible for Medicaid in the receiving state.

Process:
1. Obtain COBRA letter from your IV-E eligibility specialist.
2. Give the care provider the COBRA letter, an original or certified copy of the child’s birth certificate and a copy of the social security card.
3. Instruct care provider to apply for medical with their local self-sufficiency agency in the receiving state.

Non IV-E eligible:
The child may or may not receive Medicaid in the receiving state. Before the child is placed, the caregiver should consult their local public assistance office to determine whether the child will be eligible to receive medical coverage in the receiving state.

If the child is not eligible to receive Medicaid coverage in the receiving state, then the child will continue to be covered under the Oregon Health Plan. In this case, medical service providers in the other state will need to register as Oregon medical providers in order to bill Oregon for services provided to the child. Prior to placement, the caregiver should be instructed to find medical service providers who are willing to register as Oregon providers and willing to accept Oregon payment rates. Out of state medical providers should call 1-800-422-5047 to enroll as Oregon providers.

When placing non-IV-E eligible children for adoption, it is best to have Adoption Assistance in place prior to placement, if possible. In many states, children will be eligible for medical coverage if Adoption Assistance is in place.
PRIORITY PLACEMENT
(REGULATION 7)

For qualifying cases, when it is important to get placement approval quickly, the Court may order a “priority placement” request under Regulation 7 of the ICPC. If requirements are met, the receiving state is expected to approve or deny placement within 20 business days of receiving the request.

Criteria for a priority placement

A. Proposed placement is with a non-paid relative:
   - Parent
   - Step-parent
   - Adult sibling
   - Aunt/Uncle
   - Grandparent
   - Legal Guardian and

   The child:
   - Is under two years of age, or
   - Is in an emergency shelter, or
   - Is determined by the court to have spent a substantial amount of time in the proposed relative’s home.

   Generally, Regulation 7 time frames do not allow the receiving state to complete foster licensing. If the child is IV-E eligible and if licensing has not been completed, a separate request (for foster licensing) will need to be submitted after the Regulation 7 study is approved.

B. The receiving state has a properly completed ICPC referral for over 30 business days, but has not provided a placement decision.

If the Court determines that a proposed placement meets the Priority Placement criteria, the Court must sign the “Findings and Order” (CF101, see page 20).

The DHS case worker completes the “Sending State Priority Home Study Request” (second page of the CF101, see page 22).

Definite time frames must be met:
1. The court order (designating this as a priority placement) must be sent to the DHS branch within **two business days**.

2. Within **three business days** of receiving the court order, the DHS caseworker must send the referral to Oregon ICPC. The referral must include the regular referral packet (see page 28) and the CF101 (Priority Home Study Request and “Findings and Order”).

3. Oregon ICPC will send the request to the receiving state within **two business days**.

4. The receiving state shall approve or deny placement within **twenty business days**. A copy of the signed CF100A will be faxed or e-mailed to Oregon ICPC, who will forward it to the worker.

**Exceptions:**

1. **Two business days** — Oregon ICPC determines that additional information is needed from the case worker.

2. **Two business days** — The receiving state requests additional information from Oregon ICPC. The 20 business days begin on the date the requested additional information is received.

3. Time periods may be modified by written agreement between the court, the sending agency, and the two ICPC offices.

All information and correspondence for Regulation 7 requests shall be sent by overnight mail.

If the sending or the receiving state fails to meet the required time frames, they will be out of compliance with ICPC. The court issuing the priority placement order may request assistance from a court in the receiving state to obtain compliance.

Regulation 7 Priority Placement does not apply when a child already is placed in the receiving state in violation of ICPC.

Some states (including Alabama, Georgia, Indiana, Maryland, New York, Washington, and West Virginia) are unable to meet the Regulation 7 deadline. Contact the Oregon ICPC office if you have not received a placement decision within 25 business days.
Findings and order

To be used when the court determines that placement of a child should be approved as early as possible. The court completes the Findings and Order.

The judge must mark either number 1 or 2 of the findings and order.

If the judge marks number 1, then one of the following under number 1 must also be marked by the judge.

- The child is under two years of age; or
- The child is in emergency shelter; or
- The court finds that the child has spent a substantial amount of time in the home of the proposed placement recipient.

Once the findings and order is completed by the judge, the judge must sign and date the form.
FINDINGS

This court finds that on the basis of the facts set forth, attached hereto and hereby made a part hereof, the child(ren) named herein is/are in need of and entitled to priority placement procedure as provided in Regulation No. 7 in effect under Article VIII of the Interstate Compact on the Placement of Children (ICPC). As set forth in the state of facts, the reason(s) applicable to this finding is/are:

☐ 1. The proposed placement recipient is a person belonging to:
A class of person who, under Article VIII (a) of ICPC could receive a child from another person belonging to such a class without complying with ICPC and:
☐ The child is under two (2) years of age; or
☐ The child is in an emergency shelter; or
☐ The Court finds that the child has spent a substantial amount of time in the home of the proposed placement recipient.

☐ 2. The receiving state Compact Administrator has a properly completed ICPC-100A and supporting documentation for over thirty (30) business days, but the sending agency has not received a notice pursuant to Article III (d) of ICPC determining whether the child may or may not be placed.

ORDER

This court hereby orders:

1. That __________________________ shall, within three (3) business days of receipt of this order, transmit this order (and if not previously transmitted) a properly completed ICPC - 100A and supporting documentation to the sending state Compact Administrator, together with a cover notice calling attention to the priority status of the request for placement.

2. That the sending state Compact Administrator and all other persons to whom Regulation No. 7 is in effect, pursuant to Article VIII of ICPC, shall comply with said Regulation to the end that the request for priority placement processing ordered hereby be fully implemented.

3. That the __________________________ shall keep this Court appropriately informed as the progress pursuant to this Order.

Signed: __________________________  Date: __________________________

(Judge)
CF 101 – Sending state priority home study request

Completing the priority home study request – CF 101:

To be used when the court completes the findings and order and determines the ICPC request meets the requirements of a regulation 7 priority home study.

1. Name of child to be placed: Enter a child’s name as shown on the birth certificate, age and ethnic group.

2. Name of mother/father: Enter full names, using deceased or unknown when appropriate.

3. Proposed caretaker:
   a. Name – if child is to be placed with a couple, list both first names and last name(s).
   b. Marital status – Check appropriate box.
   c. List complete address, telephone number, social security number, relationship to child, best time of day to contact caretaker, and employer.

4. Assessment of child:
   a. Case plan attached — Check appropriate box.
   b. Financial/medical plan attached: Check appropriate box.
   c. List child’s special needs, service needs/treatment requirements and school information.
   d. Other required pertinent information regarding child and family will follow check appropriate box.

5. DHS caseworker prints name, signs name, dates form and provides telephone number.

6. Supervisor signs and dates completed form. Supervisor provides telephone number.
Association of Administrators of the Interstate Compact on the Placement of Children

SENDING STATE
PRIORITY HOME STUDY REQUEST

To be submitted by Social Worker with other required ICPC Materials

Name of Child\(^1\) to be placed: _______________________________ Age: _____

Ethnic Group: _______________________________ DOB: _______________

Mother’s Name: _______________________________ Fathers’ Name: _______________________________

PROPOSED CARETAKER

Name _______________________________ Marital Status: □ S □ M □ Sep □ D □ W

Living With: (Name of Person) _______________________________

Address: _______________________________

Telephone Home #: _______________________________ Work #: _______________________________

Relationship to child identified above: _______________________________ Social Security #: _______________________________

Best time of day to contact caretaker: ________ Employer: _______________________________

(If Applicable)

Alternate Contact Name and Address: _______________________________

ASSESSMENT OF CHILD

Case Plan Attached: □ Yes □ No Financial/Medical Plan attached: □ Yes □ No

Special Needs:

Handicaps: Mental/Physical:

Service Needs/Treatment Requirements:

School Information:

Other required pertinent information regarding child and family will follow: □ Yes □ No

Worker’s Name: _______________________________ (Please Print) (Tel. #)

Worker’s Signature: _______________________________ Date: _______________

Supervisor’s Signature: _______________________________ (If required) Date Telephone Number

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\(^1\) If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.
RELOCATION
(REGULATION 1)

— Applies when a family unit relocates to another state.

— Includes children in DHS custody and placed in foster homes, pre-adoptive homes (adoption not yet final), and children placed with parent(s) but still in DHS custody.

— Relocation is the one time when placement can occur in another state prior to the approval of the receiving state.

Referral process

Prior to authorizing move, consult with supervisor and with certifier (if a foster family), and obtain court approval for the child to be moved out of state. A possible risk is that placement might not be approved in the receiving state, in which case the child would have to return to Oregon. The risk is especially great if the placement was marginal, for example if a criminal history exception was needed to approve the family for certification in Oregon.

Send ICPC request as soon as the decision has been made to allow the child to move out of state. Complete regular ICPC referral packet (see page 28), plus:

For relocation of foster or adoptive families, include:

• Copy of foster or adoption home study.
• Copy of most recent renewal study (if applicable).
• Copy of foster care certificate (if applicable).
• 100B showing date family and child are moving.

For relocation of parents, include:

• Copy of parent’s action agreement.
• Copy of relevant information about parent (i.e. assessments, recent psychological evaluations).
• 100B showing date family and child are moving.

Per Regulation 1 of the ICPC, the receiving state shall make an initial contact with the child’s caretaker within 30 days of being notified that the caretaker and child have arrived in the receiving state. Caretakers will be required to complete a home study in the receiving state, and foster parents will be required to complete foster licensing in the receiving state.
Payment

Per DHS policy (I-.E.5.1):

(1) Foster parents and relative caregivers who receive Department approval to move out of state with a foster child placed in their home may continue to receive foster care reimbursement for that foster child for up to 180 days or until licensed or certified in the receiving state, whichever is earlier.

(2) Once licensed or certified in the receiving state, the reimbursement rate will be paid at the receiving state’s established rates for foster care. Note: You can get the rate from the worker who is supervising the placement in the receiving state, or you can contact the Oregon ICPC office for that information. Personal or special care rates are not paid to out of state placements. However, many states have levels of care, and you should request documentation from the supervising worker if the child qualifies for a higher level of foster care payment.

(3) When extenuating circumstances exist an exception may be granted to extend payments beyond 180 days. The CAF Administrator or Foster Care Program Manager may grant the exception. Note: If the child is receiving personal care or special rate, and the contract expires before the provider is licensed or certified in the receiving state, DHS can pay only the basic Oregon rate after contract expiration. The foster parent needs to be aware of this before moving.

Adoption Assistance Agreements are not affected by a move to another state. However, the family must notify their Adoption Assistance coordinator of the move.

Children eligible for developmental disabilities (DD) services

DD Services are county-based. If the child moves to another state, Oregon DD Services do not apply. For a child placed in a DD foster placement, certification and payment should be returned to Oregon DHS and a personal care rate put into place before the child moves to the other state. When the family is foster-licensed in the receiving state, the foster care payment rate will be paid at the receiving state’s rate. The family will need to apply for DD Services in the county where they are living.

Closing the case

As with any ICPC case, Oregon DHS needs to maintain jurisdiction until the appropriate authority in the receiving state concurs with dismissal, whether the dismissal is for an adoption to finalize, for guardianship to be established, or for custody to be returned to the parent(s).

Prior to asking the court to dismiss our custody, ask the supervising worker in the receiving state to send through their ICPC office a written recommendation to finalize the adoption, establish guardianship, or return custody to parent(s). Ask for court dismissal only after the ICPC office has sent the written recommendation to close the case.

Send 100B’s and copies of court order to the Oregon ICPC office to close the ICPC case.
In most instances, home studies for placements into Oregon will be completed by ICPC workers who are stationed around the state.

**Foster/relative/adoption home studies**

Foster/Relative/Adoption Home Studies in response to ICPC requests from other states are completed in the same manner as any other certification or adoption home studies done by Oregon DHS. See Child Welfare Policy II-B.1.1.

The Safe and Timely Interstate Placement of Foster Children Act (P.L. 109-239) requires ICPC foster/relative/adoption home studies to be completed within 60 days of receipt of the request. The Act allows for a 15-day extension past the 60-day deadline when it is documented that information necessary to complete the home study was requested within 15 days of receipt of the other state’s placement request but has not been received.

While the law requires completion of a Home Study within 60 days, it does not require states to approve or deny placement within that time frame. In other words, DHS may provide a home study to the requesting state, and at the same time notify the requesting state that the decision to approve or deny the placement request will be delayed until further information, such as FBI background check results, is received.

When the home study is completed, forward three copies to the Oregon ICPC office. Include the foster care certificate, if one has been issued.

If the resource has failed to respond or has withdrawn from consideration, please document this in writing and send (in triplicate) to the Oregon ICPC office.

**Parent studies**

Form CF0099 (ICPC Parent Home Study, page 40) is used when assessing whether it would be appropriate for another state to place a child with a parent living in Oregon. If the resource has failed to respond or has withdrawn from consideration, please document this in writing and send (in triplicate) to the Oregon ICPC office. When the study is completed, forward three copies to the Oregon ICPC office.

When another state requests a home study, Oregon DHS is authorized only to provide an assessment of whether this placement is a safe and appropriate resource for the child(ren) at the present time. If yes, approval of placement should be recommended. Additional services may
be recommended, but if services need to happen prior to this being a safe and appropriate resource, then denial should be recommended. The other state can resubmit the request when services have been completed.

The other state may ask Oregon DHS to provide extra services (such as case management for reunification), but generally it is beyond the agency’s scope and authority to do so. Oregon DHS may give the provider and the other state information about where to get recommended services, but the other state needs to make the financial arrangements and to monitor progress/compliance. Notwithstanding these principles, each branch can make case-specific determinations about what level of service to provide.

**Supervision of children placed from other states**

Oregon DHS policy (I-B.1) requires face to face contact a minimum of once every 30 days unless an exception is approved.

A written report must be routed through the Oregon ICPC office every 90 days. A preferred form for the supervision report is available on the Internet forms server (form #CF0102). At a minimum, the report must include:

(a) Dates of all contacts in the previous 90-day period;

(b) Documentation of caseworker’s observations of the child or young adult and care provider; and

(c) An analysis of the safety and well-being of the child.

Except for services covered under the Oregon Health Plan or under the local school district, the sending state is financially responsible for all services provided to the child/family.

Assemble the referral material in the order listed below, and make two more copies. Send a total of three copies of the referral packet to Oregon ICPC.
INSTRUCTION AND SAMPLE FORMS

Referral checklist

- Cover letter (if a sibling group is going to the same placement, all children can be included in one letter; it is not necessary to do a separate letter per child).
- CF100A — one per child.
- CF1044 — one per child, completed with or by your branch IV-E Specialist.
- Court order indicating jurisdiction and DHS custody of child(ren).
- Child history, which may include:
  - Child summary (421).
  - Court report.
  - 147 and/or 333 (most current).
  - 307.
  - Psychological/mental health evaluation.
  - Early intervention report.
  - School report/ IEP.
  - Medical report/history (immunization records, documentation of any special needs).
- Birth certificate.
- Copy of social security card.
- Proof of paternity if requesting a study on father or paternal relative.
- If applicable, court order terminating parental rights and/or copies of relinquishments signed by parent(s).
- If applicable, home study (for general applicant families chosen at adoption committee).
For priority placement (regulation 7), also include:

- CF101.
- Findings and order signed by Judge.

For relocation (regulation 1) of foster/adoptive family, also include:

- Copy of foster or adoption home study.
- Copy of most recent renewal home study, if applicable.
- Copy of foster care certificate.
- 100B showing date family and child are moving.

For relocation (regulation 1) of parent, also include:

- Copy of parent’s action agreement.
- Copy of relevant information about parent (i.e. assessments, recent psychological evaluations).
- 100B showing date family and child are moving.

For a sibling group going to the same placement, it is not necessary to send more than one copy, per packet, of documents which pertain to all children (i.e. cover letter, 147/333, 307, home study).
Dear Interstate Coordinator:

Please see the attached material and request for a home study for possible placement of the above listed minor(s).

Resource's name(s) and relationship(s), has indicated that they wish to be considered as a placement resource for child(ren)'s name. At this time, Child(ren)'s name(s) are in a foster placement and cannot be returned to a parent.

Resource address is: Resource name
Street Address
City, State, Zip code
Area code, Phone number

Our proposed plan is to place child(ren)'s name with resource(s)'s name. The next court hearing is scheduled for Date. We are requesting a home study to be completed by date MM/DD/YY.

The following specific issues should be addressed in the study: resource(s) name(s)’s ability to care for child(ren)'s name(s), the appropriateness of the home, methods of discipline, case specific issues, and whether or not the worker recommends this home for placement of child(ren)'s name.

If placement is approved and the child is placed, Oregon requests face to face contact with the child a minimum of once every 30 days.

The Oregon Department of Human Services will be financially responsible for this placement. Arrangements are indicated on the enclosed financial/medical plan (form CF1044). Child(ren) is IV-E eligible. Should this placement disrupt, Oregon will be responsible for costs authorized by DHS.

Thank you for your assistance in this matter. If there are any questions, I can be reached at phone number.

Sincerely,

Your name
Social Service Specialist

Attachments
Instructions for CF100A (ICPC request)

The CF100A is the referral form which requests the other state’s permission to place a child there. The CF100A is a binding agreement between states about what services (home study, supervision, and reports) have been requested and will be provided. All states use this standardized form.

1. At the top of the form (to and from), enter only the name of the state followed by “ICPC.” Example:

   To: Washington ICPC          From: Oregon ICPC

2. Section I — identifying data

   a. Name of Child: Enter child’s legal name (as shown on birth certificate). Complete all other information about the child.

   b. Name of mother/father: Enter full names, using Deceased or Unknown when applicable.

   c. Name of agency or person responsible for planning: The name, address, phone number of the child’s custodian, usually the child welfare agency.

   d. Name of agency or person financially responsible: Usually “Same as above.”

3. Section II — placement information

   a. Name of person(s) or facility child is to be placed with: If the child is to be placed with a couple, list both people.

      (Exception: Georgia and Florida will not approve adoption by same-sex couples, so list only one person if placing for adoption by a same-sex couple in those states.)

      List complete street address and telephone number. P.O. Box alone is not acceptable because the receiving state will need to know to what local office to direct the referral.

   b. Type of care requested: Mark as appropriate for the case. Mark both foster and adoption for legal risk placements, or when adoption subsidy will not be in place prior to placement.

   c. Legal status: Mark appropriate box(es).
4. Section III — services requested

   a. Initial report requested:
      
      • Mark parent study if request is for placement with a legal parent.
      
      • Mark relative home study if child is not IV-E eligible and to be placed with a relative.
      
      • Mark foster home study if child will be placed with non-related foster care providers, or if child is IV-E eligible and will be placed with relatives.
      
      • Mark adoptive home study if child will be placed for adoption. Some states will not complete an Adoption Home Study until the child is legally free; (see page 47). In those situations, request a Relative or Foster Study, but in your cover letter ask if the receiving state can include in the home study an assessment of whether the caregiver “is appropriate also for adoption if the child is freed.”

   Leave this section blank if you already have an adoption home study and are requesting ICPC approval for placement with a general applicant family chosen by adoption committee.

   b. Supervisory services requested:
      
      • Usually the receiving state is requested to arrange supervision of the placement.
      
      • Mark another agency agreed to supervise if Oregon DHS will be contracting with a private agency to supervise the placement. Usually this only occurs for general applicant recruited adoptive families. When this box is marked, verify with the Central Office Contract Coordinator for Adoptions that a contract is in place prior to placement.

   c. Supervisory reports requested (usually requested quarterly).

   d. Name and address of supervising agency in receiving state: Complete if an agency other than the state agency will be supervising (if Another Agency Agreed to Supervise is marked above). Leave blank if receiving state is requested to arrange supervision.
e. Enclosed:

- **Child's social history**: A description of the child’s physical, social, emotional, psychological and medical history. May include 333’s, 307’s, adoption child summary, relevant evaluations/school or medical records.

- **Home study of placement resource**: Enclose if one has been done (usually only with Regulation One Relocations or with general applicant adoptive families chosen by adoption committee).

- **Court order**: Enclose copies of all legal documents currently in effect, such as custody/guardianship orders and protective orders.

- **ICWA enclosure**: Include verification of ICWA eligibility if child is ICWA eligible.

- **Financial/medical plan**: CF1044

- **IV-E eligibility documentation**.

- **Other enclosures**: Anything not covered by the other categories. It is not necessary to list the additional items on the CF100A.

f. Signature of sending agency or person: The DHS case worker signs and dates.

g. Signature of sending state compact administrator, deputy, or alternate: the ICPC Coordinator signs and dates.

5. **Section IV — action by receiving state**

This is completed by the ICPC office in the receiving state to document approval or denial of the placement.
# Interstate Compact on the Placement of Children Handbook

## CF100A

**Interstate Compact on the Placement of Children Request**  
*One form per child*

### SECTION I – IDENTIFYING DATA

<table>
<thead>
<tr>
<th>TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM:</td>
</tr>
</tbody>
</table>

- **Notice is given of intent to place** – Name of Child:  
- **Ethnicity – Hispanic Origin:**
  - Yes  
  - No  
  - Unable to Determine/Unknown

- **Social Security Number:**
  - ICWA Eligible:  
  - Yes  
  - No

- **Sex:**
  - Date of Birth:  
  - Title IV-E Determination:  
  - Yes  
  - No  
  - Pending

- **Name of Mother**

- **Name of Agency or Person Responsible for Planning for Child:**

- **Address:**

- **Name of Agency or Person Financially Responsible for Child:**

- **Address:**

### SECTION II – PLACEMENT INFORMATION

<table>
<thead>
<tr>
<th>Name of Person(s) or Facility Child is to be placed with:</th>
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</thead>
<tbody>
<tr>
<td>Soc Sec # (Optional):</td>
</tr>
<tr>
<td>Soc Sec # (Optional):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Care Requested:</th>
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</thead>
</table>
| Foster Family Home  
| Residential Treatment Center  
| Group Home Care  
| Institutional Care-Article VI,  
| Child-Caring Institution  
| Adjudicated Delinquent  
| Parent  
| Relative (Not Parent)  
| Other  
| Parent  
| Relative (Not Parent)  
| Other  

<table>
<thead>
<tr>
<th>Current Legal Status:</th>
</tr>
</thead>
</table>
| Sending Agency Custody/Guardianship  
| Parent Relative Custody/Guardianship  
| Court Jurisdiction Only  
| Parent  
| Relative (Not Parent)  
| Other  

<table>
<thead>
<tr>
<th>To Be Finalized in:</th>
</tr>
</thead>
</table>
| Sending State  
| Receiving State  

<table>
<thead>
<tr>
<th>Initial Report Requested (if applicable):</th>
</tr>
</thead>
</table>
| Parent Home Study  
| Relative Home Study  
| Adoptive Home Study  
| Foster Home Study  

<table>
<thead>
<tr>
<th>Supervisory Services Requested:</th>
</tr>
</thead>
</table>
| Request Receiving State to Arrange Supervision  
| Another Agency Agreed to Supervise  
| Sending Agency to Supervise  

<table>
<thead>
<tr>
<th>Supervisory Reports Requested:</th>
</tr>
</thead>
</table>
| Quarterly  
| Semi-Annually  
| Upon Request  
| Other:  

<table>
<thead>
<tr>
<th>Name and Address of Supervising Agency in Receiving State:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Enclosed:</th>
</tr>
</thead>
</table>
| Child’s Social History  
| Court Order  
| Financial/Medical Plan  
| Other Enclosures  
| Home Study of Placement Resources  
| ICWA Enclosure  
| IV-E Eligibility Document  

<table>
<thead>
<tr>
<th>Signature of Sending Agency or Person:</th>
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<tbody>
<tr>
<td>Date:</td>
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</table>

<table>
<thead>
<tr>
<th>Signature of Sending State Compact Administrator Deputy or Alternate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
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</tbody>
</table>

### SECTION IV – ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) OF ICPC

- **Placement may be made.**
- **Placement shall not be made.**

| REMARKS: |

<table>
<thead>
<tr>
<th>Signature of Receiving State Compact Administrator, Deputy, or Alternate:</th>
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</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

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**Policy Ref:** I-B.3.4.2  
**DISTRIBUTION** (Complete six (6) copies):  
- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:  
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to sending agency and the completed original and 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.
Interstate Compact on the Placement of Children Request
One form per child

TO:  IDAHO ICPC
FROM:  OREGON ICPC

SECTION I – IDENTIFYING DATA
Notice is given of intent to place – Name of Child: SUZIE CHAPSTICK
Ethnicity - Hispanic Origin: ☐ Yes [x] No ☐ Unable to Determine/Unknown
Social Security Number: 123-45-6789, ICWA Eligible: [x] Yes ☐ No
Sex: [x] Female, Date of Birth: 01-01-04, Title IV-E Determination: [x] Yes [ ] No [ ] Pending
Race: [x] American Indian or Alaskan Native
Name of Mother: SALLY CHAPSTICK
Name of Father: DALE CHAPSTICK
Name of Agency or Person Responsible for Planning for Child: DEPARTMENT OF HUMAN SERVICES, SDA #3, MARION BRANCH
Address: 2045 SILVERTON ROAD NE, SUITE A, SALEM, OR 97303-3122
Phone: 503-378-6800
SAME AS ABOVE

SECTION II – PLACEMENT INFORMATION
Name of Person(s) or Facility Child is to be placed with: SUZETTE CHAPSTICK
Soc Sec # (Optional):
Address: 1234 SIXTH STREET, BOISE, ID 83720
Phone:
Type of Care Requested: [ ] Foster Family Home [ ] Residential Treatment Center [ ] Group Home Care [ ] Institutional Care-Article VI, [ ] Child-Caring Institution [ ] Adjudicated Delinquent
Parent: [ ] AUNT
Relation: [ ] Relative (Not Parent) [ ] Other: [ ] ADOPTION [ ] IV-E Subsidy [ ] Non-IV-E Subsidy
Current Legal Status: [ ] Sending Agency Custody/Guardianship [ ] Parental Rights Terminated-Right to Placement for Adoption
[ ] Parent Relative Custody/Guardianship [ ] Unaccompanied Refugee Minor [ ] Court Jurisdiction Only [ ] Other:
To Be Finalized in: [ ] Sending State [ ] Receiving State

SECTION III – SERVICES REQUESTED
Initial Report Requested (if applicable): [ ] Parent Home Study [ ] Relative Home Study [ ] Adoptive Home Study [ ] Foster Home Study
Supervisory Services Requested: [ ] Request Receiving State to Arrange Supervision [ ] Another Agency Agreed to Supervise
[ ] Sending Agency to Supervise [ ] Other:
Supervisory Reports Requested: [ ] Quarterly [ ] Semi-Annually [ ] Upon Request [ ] Other:
Name and Address of Supervising Agency in Receiving State:
Enclosed: [ ] Child’s Social History [ ] Court Order [ ] Financial/Medical Plan [ ] Other Enclosures
[ ] Home Study of Placement Resources [ ] ICWA Enclosure [ ] IV-E Eligibility Document
Signature of Sending Agency or Person: Date: DATE
Signature of Sending State Compact Administrator Deputy or Alternate: CPC COORDINATOR SIGNS DATE

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) OF ICPC
[ ] Placement may be made. [ ] Placement shall not be made.
Remarks:
Signature of Receiving State Compact Administrator, Deputy, or Alternate: Date:

Policy Ref: IH 3.4 2
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 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.
Instructions for CF100B (ICPC report on child’s placement status)

The CF100B is used to:

- Notify ICPC of the date child is placed. The receiving state is not required to begin supervision of the placement until the 100B is received.
- Notify ICPC of change of placement (such as address change, move to a different placement, or change in type of care).
- Withdraw a referral request and close the case.
- Terminate supervision and close the case, such as:
  - When the adoption finalizes; or
  - When custody or guardianship is given or returned to the parent or relative; or
  - When the child emancipates; or
  - When the child completes treatment; or
  - When the placement disrupts and child returns to Oregon.

1. **At the top of the form (To and From), enter only the name of the state followed by “ICPC.” Example:**

   To: Washington ICPC  
   From: Oregon ICPC

2. **Section I — identifying information**

   a. **Name of child:** Enter child’s legal name (as shown on birth certificate). Complete all other information about the child.

   b. **Name of mother/father:** Enter full names, using Deceased or Unknown when applicable.

3. **Section II — placement status**

   a. **Initial placement of child in receiving state:** Complete when child first is placed into receiving state. Type of care should match the type of care approved on the 100A.

   b. **Placement change:** Complete for change in type of care, change in address, or if child has been moved to another placement.
4. **Section III — compact placement termination**
   
   Date of termination should be the effective date of the court order, date of child's removal from placement, or date of withdrawal.

5. **Signature of person/agency supplying information:** The DHS case worker signs and dates.

6. **Signature of compact administrator, deputy, or alternate:** The ICPC Coordinator signs and dates.
Interstate Compact on the Placement of Children Handbook

CF100B

Interstate Compact on the Placement of Children
Report on Child's Placement Status
One form per child

TO: ___________________________ FROM: ___________________________

SECTION I — IDENTIFYING INFORMATION

Child’s Name: ___________________________ Birth Date: ____________

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

Signature of Person/Agency Supplying Information: ___________________________ Date: _____

Signature of 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

☐ Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.
Interstate Compact on the Placement of Children
Report on Child’s Placement Status
One form per child

TO: IDAHO ICPC
FROM: OREGON ICPC

SECTION I — IDENTIFYING INFORMATION
Child’s Name: SUZIE CHAPSTICK
Birth Date: 01-01-04
Mother’s Name: SALLY CHAPSTICK
Father’s Name: DALE CHAPSTICK

SECTION II — PLACEMENT STATUS
☐ Initial Placement of Child in Receiving State
Date Child Placed in Receiving State: 08-08-07
Name of Resource: SUZETTE CHAPSTICK
Address: 1234 SIXTH STREET, BOISE, ID 83720
Type of Care: RELATIVE FOSTER 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
☐ 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
Signature of Person/Agency Supplying Information:
CASEWORKER SIGNS
Date: CASEWORKER DATES
Signature of Compact Administrator, Deputy or Alternate:
ICPC SIGNS
Date: ICPC DATES

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 who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and 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.
Instructions for CF1044 (Interstate Compact Financial/Medical Plan)

The CF1044 documents how Oregon will meet its responsibilities to provide financial and medical support for the child. The form indicates:

- whether the child is IV-E eligible
- type of financial support which will be given to the care provider
- how medical coverage will be provided.

Ask your IV-E Eligibility Specialist to complete the form.

Review the financial/medical plan with the proposed care provider(s) so that they understand what resources will be available for the child, and what they will be expected to do (such as applying for TANF and medical).

If IV-E is pending, send an updated 1044 when IV-E eligibility is determined.
# Interstate Compact on the Placement of Children (ICPC)

## FINANCIAL/MEDICAL PLAN

Complete one form per child. **MUST BE COMPLETED BY A TITLE IV-E SPECIALIST**
(Caseworker, please review the plan with the care provider.)

**Child’s Name:** __________________________  **Date of Birth:** ________________

**Case Number:** __________________________  **P/L:** _________________________

As long as this child remains in the custody of Oregon Department of Human Services (DHS), Oregon will be financially responsible for this placement and for authorized services provided to the child.

### Financial Plan

- [ ] Placement is with a parent. The parent is expected to provide financial support for the child, and to apply for public assistance in the receiving state, if needed.
- [ ] Placement is in substitute care. Oregon DHS will make foster payments to the substitute care provider.
- [ ] Placement is in adoptive home. Adoption subsidy will be provided.

### Medical Plan

- [ ] Placement is with a parent. The parent is expected to provide medical coverage for the child, and to apply for Medicaid in the receiving state, if needed.
- [ ] Placement is in substitute care. The child **is eligible** for Title IV-E foster care and will be placed in a home that is foster-licensed or certified. This child is eligible under COBRA to receive Medicaid in the receiving state. The care provider must apply for medical coverage at the Medicaid office in the receiving state.
- [ ] Placement is in substitute care. The child **is not eligible** for Title IV-E foster care. The care provider must apply for medical coverage at the Medicaid office in the receiving state. If Medicaid is denied, the child will remain on the Oregon Health Plan, and service providers need to enroll through Oregon’s Division of Medical Assistance Program (DMAP) in order to receive payment.
- [ ] The child receives SSI and therefore is eligible for Medicaid in the receiving state.
- [ ] Placement is in adoptive home. The child will be eligible for Medicaid through ICAMA when adoption subsidy is in place.

### Comments:

---

**Title IV-E Specialist Name** ____________  **Date** / /  **( )** **Phone Number**
ICPC Parent Home Study

List Child or Children:

______________________________  ________________________________  Date: __________________

Family Information

Name of Family: __________________________  Home Phone: __________________

Home Address: ___________________________  Cell Phone: __________________

Mailing Address: __________________________  Work Phone: __________________

Identifying Data (Each Person Residing in the Home):

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>SSN</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Description of All Household Members
(Include appearance, personality, and behavior)

Life Experiences and Challenges:

Marriage(s) and Significant Relationships:

Child(ren) Living Inside or Outside the Home:

Education, Employment, and Financial Stability:

Child Care Plan:

Support System and Lifestyle, Including Extended Family, Friends, Church, and Recreational Activities:

Parent Attitudes and Behaviors Related to Working with Social Service Agency on an Ongoing Basis:

Home and Community:
(Describe physical setting including location and type of neighborhood, internal and external appearance of home, number of rooms, and housekeeping standards.)
Health Status and How Any Health Issues are Being Managed:

Mental and Emotional Health:

Use of Alcohol, Tobacco and/or Drugs:

Use of Community Resources:
(Describe education, health, recreation, and social service resources available in the community, and the family ability and willingness to access and family’s ability and willingness to access and use the resources.)

Parenting Skills and Values, Including Methods of Discipline:

Protective Capacity Assessment:

Results of Criminal History and Child Abuse History Background Checks for All Adults in Home:

Assessment Summary and Recommendations:

Placement Recommendation:

☐ Approve Placement
☐ Deny Placement
☐ Approve with Conditions

Comments:

Submitted by:

ICPC Worker Signature Date Supervisor Signature Date
ICPC Supervision Report

Date of Report: / /

Name of Child(ren):

Name of Caretaker(s):

Address of Placement:

Oregon DHS Worker: ____________________________ Phone Number: ( )

Reporting Period: ____________________________

Dates of Face to Face Contact: ____________________________

Discuss child(ren)’s current circumstances, addressing child(ren)’s safety in current placement and child(ren)’s well-being:

Child(ren)’s school performance, if applicable:
(Attach copies of report card, IEP, evaluations, if applicable)

Child(ren)’s health & medical status, including dates of medical and dental appointments and names of service providers, if applicable:
(Attach records, evaluations, therapy reports if applicable)

List any unmet needs, and recommendations to meet those needs: (Sending state is responsible for case planning and for funding)

Supervising Worker’s Recommendation:

☐ Continue placement. ☐ Finalize adoption.
☐ Establish Guardianship.
☐ Return custody to parent, terminate jurisdiction.
☐ Other (specify):
<table>
<thead>
<tr>
<th>State</th>
<th>Does an Adoption Home Study Prior to Termination of Parental Rights?</th>
</tr>
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<tbody>
<tr>
<td>Alabama</td>
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<td>District of Columbia</td>
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<td>Yes and No (Usually No)</td>
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<td>Louisiana</td>
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<td>Washington</td>
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<td>Wisconsin</td>
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<tr>
<td>Wyoming</td>
<td>Yes</td>
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</table>
**Placing delinquent youth in another state**

Youth who are on probation or parole will need to be supervised by probation or parole in the receiving state, and some states will not accept ICPC requests in those cases.

Interstate movement of delinquent youth is governed by the Interstate Compact on Juveniles (ICJ), which is written into the laws of all 50 states as well as the jurisdictions of Virgin Islands, Guam and the District of Columbia.

If a youth is on parole or probation, the parole/probation officer will need to send a request through the Interstate Compact on Juveniles (ICJ) at the Oregon Youth Authority. The ICJ Coordinator can help to ensure that supervision is in place.

**Runaways**

In addition to governing interstate movement of delinquent youth, ICJ provisions also include:

**ARTICLE IV-RETURN OF RUNAWAYS**

- That the parent, guardian, person, or agency entitled to custody of a juvenile who has not been adjudged delinquent but who has run away without the consent of such parent, guardian, person, or agency may petition the appropriate court in the demanding state for the issuance of a requisition for his return.

Please contact the Oregon ICJ office at 503-373-7569 to facilitate return of a runaway who has been picked up in another state.

Youth are entitled to due process when they are picked up in another state while on runaway status. The youth will appear in court in the other state and will be asked to sign the agreement (Form III, see page 45) to return to his/her home state voluntarily.

After this has occurred, the holding state’s ICJ office will contact the home state’s ICJ office and the return of the runaway will be implemented. Arrangements are made in direct consultation with the case worker and the holding state. The Oregon ICJ office will pay for travel costs to return the youth to Oregon. Once the form is signed, there is a period of 5 working days allowed to accomplish the process.

Form III is available on the Association of Juvenile Justice Compact Administrator website at www.ajca.us, or by contacting your local ICJ office at 503-373-7569.

In the event that the child refuses to sign the voluntary agreement and/or the whereabouts of the child is known but pick up has not been accomplished, call the Oregon ICJ office (503-373-7569) for direction on how to complete the requisition process.
INTERSTATE COMPACT ON JUVENILES

CONSENT FOR VOLUNTARY RETURN BY RUNAWAY, ESCAPEE OR ABSCONDER OR JUVENILE CHARGED AS DELINQUENT

ICJ form III

I, ___________________________, recognize that I legally belong with ___________________________ in_________________________, and I voluntarily consent to return there without further formality, either by myself or in the company of such person as the appropriate authority may appoint for that purpose.

__________________________________ (Date) _____________________________________________ (Juvenile’s Signature)

I, ___________________________, Judge of ___________________________, having informed the juvenile named above of ☐ his ☐ her rights under the Interstate Compact on Juveniles prior to the execution of the foregoing consent, do hereby find that the voluntary return of said juvenile to:

__________________________________ (Legal Guardian/Custodian or agency seeking return) ___________________________ (Contact name & phone number) _____________________________________________ (City/State)

is appropriate and in the best interest of said juvenile, and do so order such return as provided below (fill in or check appropriate item):

☐ Unaccompanied ☐ Accompanied by: ___________________________

__________________________________ (Date) _____________________________________________ (Judge’s Signature)

TO BE COMPLETED ONLY IF COUNSEL OR GUARDIAN AD LITEM IS APPOINTED:

I, _____________________________________________________________ being the ☐ Counsel ☐ Guardian Ad Litem of ___________________________, recognize and agree that said juvenile should return to ___________________________ in ___________________________, either unaccompanied or in the company of such person as the appropriate authority may appoint. I hereby consent to such return.

__________________________________ (Date) _____________________________________________ (Signed – Counsel or Guardian Ad Litem)

(Original: Court file; 1 copy each: Juvenile, Holding State’s Compact Administrator, Home/Demanding State’s Compact Administrator, Local Court in Demanding State.)

DETAILED PHYSICAL AND CLOTHING DESCRIPTION OF JUVENILE, & CONTACT INFORMATION

DOB: ____________________________ Race: ______ Sex: ______ Ht.: ______ Wt.: ______ Eye color: ______

Hair color and style: ________________________________________________

Tattoos, scars, identifying marks: ____________________________

Clothing (including shoes): __________________________________________

__________________________________

Home/Demanding State’s contact name and phone #: ____________________________

This is the official ICJ Form III as approved by AJCA in August 2003. No state or other governmental entity party to the Interstate Compact on Juveniles may change, alter or otherwise modify any form that has been approved and adopted for use by the Association of Juvenile Compact Administrators. No other form may be substituted. (See Rule 2-103: Revision/Modification of Forms)

ICJ FORM III

REVISED AUGUST 2003
INTERSTATE COMPACT ON JUVENILES
CONSENT FOR VOLUNTARY RETURN BY RUNAWAY, ESCAPEE OR ABSCONDER
OR JUVENILE CHARGED AS DELINQUENT

Sample ICJ form III

I, ________________________________, recognize that I legally belong with
(Monja & Daniel Grayson)
in Mount Holly, New Jersey
(City/State)
and I voluntarily consent to return there without further formality, either by myself or in the company of such person as the appropriate
authority may appoint for that purpose.

10-15-00
(Date)


/s/ Frederick Grayson
(Juvenile's Signature)

I, Cindy Lang, Judge of
(Judge's Name)
313th District Court
(Court or Jurisdiction)

having informed the juvenile named above of his/ her rights under the Interstate Compact on Juveniles prior to the execution of
the foregoing consent, do hereby find that the voluntary return of said juvenile to:

Mona & Daniel Grayson

Mount Holly, New Jersey
(City/State)
is appropriate and in the best interest of said juvenile, and do so order such return as provided below (fill in or check appropriate item):

☑ Unaccompanied OR ☐ Accompanied by:

10-15-00
(Date)

/s/ Judge Cindy Lang
(Judge's Signature)

TO BE COMPLETED ONLY IF COUNSEL OR GUARDIAN AD LITEM IS APPOINTED:

I, ________________________________, being the ☐Counsel ☑Guardian Ad Litem of /s/ Frederick Grayson

(Mona & Daniel Grayson)
in Mount Holly, New Jersey
(City/State)
either unaccompanied or in the company of such person as the appropriate authority may appoint. I hereby consent to such return.

10-15-00
(Date)

/s/ Duane Moffett
(Signed – Counsel or Guardian Ad Litem)

(Form will be certified or authenticated in accordance with practice of the court. See Article VI of the Compact for further details.)

Original: Court file; 1 copy each: Juvenile, Holding State's Compact Administrator, Home/Demanding State's Compact
Administer, Local Court in Demanding State.

DETAILED PHYSICAL AND CLOTHING DESCRIPTION OF JUVENILE, & CONTACT INFORMATION

DOB: 06-07-85
Race: W
Sex: M
Ht.: 5'6"
Wt.: 150
Eye color: Blue
Hair color and style: Brown - long, pulled back in a ponytail
Tattoos, scars, identifying marks: None
Clothing (including shoes): Tommy Hilfiger blue jeans (bell bottoms), red t-shirt with blue star on front (middle),
yellow Adidas windbreaker, blue and red Michael Jordan tennis shoes

Home/Demanding State's contact name and phone #: 

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may change, alter or otherwise modify any form that has been approved and adopted for use by the Association of Juvenile Compact Administrators.
No other form may be substituted. (See Rule 2-103: Revision/Modification of Forms)
Notes: