

ICPC CHECKLIST

REG. 2

Public Court Jurisdiction Cases: Placements for Public Adoption or Foster Care in Family Settings and/or with Parents, Relatives

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| Criteria required | This regulation is to provide, at the request of a sending agency, a home study and placement decision for the proposed placement of a child with a proposed caregiver who falls into the category or placement for public adoption, or foster care and/or with parents, or relatives | |
| DOCUMENTS REQUIRED FOR EACH CHILD'S REQUEST | | |
| Form 100A | Required for all requests. Complete with accurate information regarding child and placement resource (http://edocs.dhs.state.mn.us/lfserver/Public/DHS-4266-ENG) | <input type="checkbox"/> 5 copies |
| Court Order – establishing authority to place | The sending agency must have a signed Court Order establishing authority to place the child. If authority does not derive from a court order, a statement of the basis on which the sending agency has authority to place the child and documentation that supervision is on-going | <input type="checkbox"/> 3 copies |
| Cover Letter | Indicate the name of the child or children, the type of placement requested, a brief explanation of the reason for placement, where and with whom the child will be placed. | <input type="checkbox"/> 3 copies |
| Signed Statement from the assigned case manager | The sending agency case manager shall prepare a statement that specific evidence of pre-screening of the prospective placement has been completed. The statement shall include: <ul style="list-style-type: none"> a. confirmation that the potential resource is interested in begin a placement for the child/ren b. name and correct physical and mailing address of potential placement resource c. a description of the number and type of bedrooms in the home, including the number of people, including the children who will be residing in the home if placement occurs d. a statement that the potential resource acknowledges that he/she has sufficient financial resources or explanation for how children will be fed, clothed, and cared for, including child care, if needed e. an acknowledgement by the prospective placement that a criminal record and child abuse history check will be completed f. any relevant information regarding said placement to the receiving state | <input type="checkbox"/> 3 copies |
| Social Security Card | A copy of the child's social security card or official documentation verifying correct number | <input type="checkbox"/> 3 copies |
| Birth Certificate | A copy of the child's birth certificate, if available | <input type="checkbox"/> 3 copies |
| Financial/Medical Plan | Complete the Financial/Medical form and indicate what your agency will provide for financial and medical support. Include IV-E eligibility documentation http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-1542D-Eng | <input type="checkbox"/> 3 copies |
| Out of Home Placement Plan | Plan that specifically addresses placement in requested home and the potential services needed for the child | <input type="checkbox"/> 3 copies |
| Social/Medical History | The child's social history; all psychological evaluations; specific placement needs; expectations of provider; IEP'S; immunization records | <input type="checkbox"/> 3 copies |
| Indian Child Welfare Act (ICWA) | If ICWA applies, was the Tribe or Bureau of Indian Affairs notified? Include a copy of the notification, the membership determination made by the Tribe, and a copy of the Tribe's response. | <input type="checkbox"/> 3 copies |

ICPC CHECKLIST

Reg. 4 Residential Placement

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| Criteria required | This regulation is to provide for the protection and safety of children being placed in a residential facility in another state. | |
| DOCUMENTS REQUIRED FOR REQUEST | | |
| Form 100A | Required for all requests. Complete with accurate information regarding child and placement resource (http://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-4266-ENG) | <input type="checkbox"/> 5 copies |
| Court Order – establishing authority to place | The sending agency must have a signed Court Order establishing authority to place the child. If authority does not derive from a court order, a statement of the basis on which the sending agency has authority to place the child and documentation that supervision is on-going | <input type="checkbox"/> 3 copies |
| Court Oder – <u>Delinquent children only placed in an institution</u> | Institutional care (Article VI of the compact) is defined by the receiving state. IF the receiving state determines that the facility provides institutional care then a specific court order is required and must state the following: 1. Equivalent facilities for the child are not available in the sending agency's jurisdiction; and 2. Institutional care in the other jurisdiction is in the best interest of the child and will not produce undue hardship. | <input type="checkbox"/> 3 copies |
| Financial/Medical Plan | Complete the Financial/Medical form and indicate what your agency will provide for financial and medical support. Include IV-E eligibility documentation. It is expected that the medical coverage will be arranged and confirmed between the sending agency and the residential facility prior to the placement. | <input type="checkbox"/> 3 copies |
| Out of Home Placement Plan | Plan that specifically addresses placement in requested home and the potential services needed for the child – if required by receiving state | <input type="checkbox"/> 3 copies |
| Social/Medical History | The child's social history; all psychological evaluations; specific placement needs; expectations of provider; IEP'S; immunization records – if required by receiving state | <input type="checkbox"/> 3 copies |
| IEP | The child's current IEP – if required by receiving state | <input type="checkbox"/> 3 copies |
| Letter of Acceptance | This letter is to be from the facility that will be providing care to the child. This letter provides the receiving state ICPC office indication that the residential facility has screened the child as appropriate placement for their facility. – if required by receiving state | <input type="checkbox"/> 3 copies |

ICPC CHECKLIST

REG. 1

Conversion of Intrastate Placement into Interstate Placement; Relocation of Family Units

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| Criteria required | The purpose of Regulation 1 is to allow an intact family who has a child in their home under Juvenile Court jurisdiction to relocate to another state with the court's approval. | <input type="checkbox"/> |
| DOCUMENTS REQUIRED FOR EACH CHILD'S REQUEST | | |
| Form 100A | Required for all requests. Complete with accurate information regarding child and placement resource (http://edocs.dhs.state.mn.us/lfservlet/Public/DHS-4266-ENG) | <input type="checkbox"/> 5 copies |
| Form 100B | Form ICPC-100B if the child is already present in the receiving state (http://edocs.dhs.state.mn.us/lfservlet/Public/DHS-4267-ENG) | <input type="checkbox"/> 3 copies |
| Court Order – establishing authority to place | The sending agency must have a signed Court Order establishing authority to place the child. If authority does not derive from a court order, a statement of the basis on which the sending agency has authority to place the child and documentation that supervision is on-going Copy of the most recent judicial review court report and court order | <input type="checkbox"/> 3 copies |
| Case History Social History | Case history for the child, including custodial and social history, chronology of court involvement, social dynamics and a description of any special needs of the child (including all psychological evaluations, specific placement needs; expectations of provider; IEP's; immunization records | <input type="checkbox"/> 3 copies |
| Current Home Study | Copy of the most recent license, certification or approval of the resource and/or their home Copy of the most recent home study of the placement resource, including any updates Copies of progress reports on the family unit for the last 6 months | <input type="checkbox"/> 3 copies |
| Financial/Medical Plan | Complete the Financial/Medical form and indicate what your agency will provide for financial and medical support. Include IV-E eligibility documentation | <input type="checkbox"/> 3 copies |
| Out of Home Placement Plan | Plan that specifically addresses placement in requested home and the potential services needed for the child | <input type="checkbox"/> 3 copies |

ICPC CHECKLIST

REG. 7 EXPEDITED PLACEMENT DECISIONS

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| Criteria required | <p>Child is under jurisdiction of child welfare agency and placement of the child is being considered in another state with a parent, stepparent, grandparent, adult uncle or aunt, adult brother or sister, or the child's guardian and the case must meet one of the following:</p> <ul style="list-style-type: none"> a. unexpected dependency due to a sudden or recent incarceration, incapacitation or death of a parent or guardian b. the child sought to be placed is <u>four years of age or younger</u>, including older siblings sought to be placed with the same proposed resource c. the court finds that any child in the sibling group sought to be placed has a <u>substantial relationship with the proposed resource</u> the child is currently in an emergency placement |
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DOCUMENTS REQUIRED FOR EACH CHILD'S REQUEST

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| Order of Compliance | <p>The sending agency shall obtain a signed statement of interest from the potential placement resource or a written statement from the assigned case manager that a conversation with the potential resource occurred. The statement shall include the following:</p> <ul style="list-style-type: none"> a. s/he is interested in being a placement resource b. s/he fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his or her guardian under Article III(a) of the ICPC c. name and correct address of placement resource d. number and type of rooms in the residence and the number of people, include children, who will be residing in the home e. if required due to age and/or needs the plan for child care and how it will be paid f. s/he acknowledges that a criminal records and child abuse check will be completed on any persons residing in the home g. whether a request is being made for concurrence to relinquish jurisdiction if placement is sought with a parent from whom the child was not removed <p>The order of compliance shall be submitted to court along with a statement saying "based upon current information known to the sending agency, that it is unaware of any fact that would prohibit the child being placed with the resource and that it has completed and is prepared to send all required paperwork to the sending state ICPC office, including the ICPC 100A and ICPC form 101.</p> | <input type="checkbox"/> 3 copies |
| Court Order – Reg. No. 7 Court Order – establishing authority to place | <p>The sending state court shall enter an order consistent with the From Order 101 for Expedited Placement Decision. The order shall set forth the factual basis for a finding that Regulation No. 7 applies to the child in question, whether the request includes a request for a provisional approval of the prospective placement and a factual basis for the request. The order must also require completion by the sending agency of ICPC Form 101 for the expedited request.</p> <p>The sending agency must have a signed Court Order establishing authority to place the child.</p> | <input type="checkbox"/> 3 copies |
| Form 101 | <p>Required form when requesting an Expedited Placement Decision</p> <p>http://edocs.dhs.state.mn.us/lfsrver/Legacy/DHS-4268-Eng</p> | <input type="checkbox"/> 3 copies |
| Form 100A | <p>Required for all requests. Complete with accurate information regarding child and placement resource</p> <p>http://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4266-ENG</p> | <input type="checkbox"/> 5 copies |
| Cover Letter | <p>Indicate the name of the child or children, the type of placement requested, a brief explanation of the reason for placement, where and with whom the child will be placed.</p> | <input type="checkbox"/> 3 copies |
| Financial/Medical Plan | <p>Complete the Financial/Medical form and indicate what your agency will provide for financial and medical support. Include IV-E eligibility documentation</p> | <input type="checkbox"/> 3 copies |
| Out of Home Placement Plan | <p>Plan that specifically addresses placement in requested home and the potential services needed for the child</p> | <input type="checkbox"/> 3 copies |
| Social/Medical History | <p>The child's social history; all psychological evaluations; specific placement needs; expectations of provider; IEP'S; immunization records</p> | <input type="checkbox"/> 3 copies |
| Indian Child Welfare Act (ICWA) | <p>If ICWA applies, was the Tribe or Bureau of Indian Affairs notified? Include a copy of the notification, the membership determination made by the Tribe, and a copy of the Tribe's response.</p> | <input type="checkbox"/> 3 copies |

