



Tennessee Department of Children's Services

Interstate Compact on the Placement of Children (ICPC) Report on Child's Placement Status

TO:		FROM:	
SECTION I - IDENTIFYING INFORMATION			
Child's Name: _____		Birth date: _____	
Parent #1's Name: _____		Parent #2's Name: _____	
Name of Resource: _____			
Address: _____			
Type of Care: _____			
SECTION II - PLACEMENT STATUS			
☐ Initial Placement of Child in Receiving State		Date Child Placed in Receiving State: _____	
☐ Placement Change		Effective Date of Change: _____	
SECTION III - COMPACT PLACEMENT TERMINATION			
☐ Adoption Finalized		☐ In Sending State	☐ In Receiving State
☐ Child Reached Majority/Legally Emancipated		☐ Court Order Attached	
☐ Legal Custody Returned to Parent(s)		☐ Court Order Attached	
Name: _____			
☐ Legal Custody Given to Relative		☐ Court Order Attached	
Name: _____ Relationship: _____		☐ Court Order Attached	
☐ Legal Custody Given to Other (specify): _____		☐ 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☐ Proposed Placement Request Withdrawn			
☐ Approved Resource Will Not Be Used for Placement			
☐ Other (Specify): _____			
Date of Termination: _____			
SECTION IV - SIGNATURES			
Person/Agency Supplying Information:		Date:	
Compact Administrator, Deputy or Alternate:		Date:	

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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