



Tennessee Department of Children's Services

Interstate Compact on the Placement of Children Request

One form per child; please type

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	Title IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Race: <input type="checkbox"/> American Indian or Alaska 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:	Gender:	Date of Birth:			
Name of Parent 1:			Name of Parent 2:		
Name of Agency or Person Responsible for Planning for Child:				Phone:	
Address:				Email Address (optional):	
Name of Agency or Person Financially Responsible for Child:				Phone:	
Address:				Email address (optional):	
SECTION II - PLACEMENT INFORMATION					
Types of Care Requested: <input type="checkbox"/> Public Placement <input type="checkbox"/> Private Placement Subsidy: <input type="checkbox"/> IV-E <input type="checkbox"/> Non IV-E <input type="checkbox"/> Pending <input type="checkbox"/> None <input type="checkbox"/> Adoptive Home: Finalizing in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State <input type="checkbox"/> Pending <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child-Caring Institution <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Parent <input type="checkbox"/> Institutional Care---Article VI Adjudicated Delinquent <input type="checkbox"/> Relative (Non Parent) Relationship: _____ <input type="checkbox"/> Other: _____			Current Legal Status of Child: <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated---Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____		
Name of Person(s) or Facility Child is to be placed with:			Soc Sec # (optional): Soc Sec # (optional):		
Address:			Phone:		
If placement is with an agency (e.g., adoption, public, etc.) through an approved service agreement/unique care agreement list the details below.					
*Name of Agency:					
Address:			Phone:		

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

Distribution:

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Page 1

SECTION III - SERVICES REQUESTED		
Initial Report Requested (if applicable): <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Parent Study <input type="checkbox"/> Relative Home Study	Supervisory Services Requested: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise <input type="checkbox"/> Other:	Supervisory Reports <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
Name and Address of Supervising Agency in Receiving State:		
Checklist and required documentation attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
REMARKS:		
Signature of Receiving State Compact Administrator, Deputy or Alternate:		Date: