Tennessee Department of Children's Services

Expedited Placement Decision Home Study Request and Border Agreement

Interstate Compact on the Placement of Children (ICPC)

Sending Agency's Regulation No. 7

To be submitted by Case Worker with other required ICPC materials

1. Pursuant to the requirement of Regulation No. 7, Section 7 of the Interstate Compact on the Placement of Children (ICPC), the following information regarding the proposed placement resource for the identified child is certified as true based on my direct communication with the proposed placement resource on _____.

2. Name(s) of Child(ren) to be Placed | Date of Birth | Age | Ethnicity | Name of Parent *(indicate mother/father)*

a. _____ _____ _____ _____ _____
b. _____ _____ _____ _____ _____
c. _____ _____ _____ _____ _____
d. _____ _____ _____ _____ _____
e. _____ _____ _____ _____ _____
f. _____ _____ _____ _____ _____
g. _____ _____ _____ _____ _____

3. Name(s) of Proposed Resource | Date of Birth | Relationship to Child(ren) | Social Security Number(s) (optional)

_____ _____ _____ _____

Marital Status: _____ Living with: _____
(Name of person if applicable)

Address: _____ State: _____ Zip Code: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Best time of day to contact resource: _____ May be contacted at place of employment: ☐ Yes ☐ No

Employer: _____
(if applicable)

Alternate contact name and address: _____

Relationship to proposed resource: _____

4. The proposed placement resource:
   a. Fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his/her guardian under Article VIII(a) of the ICPC.
   b. Is interested in being a placement for the child(ren) and is willing to cooperate with the ICPC process. ☐ Yes ☐ No
   c. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe, and care for the

child(ren) if placed as well as provision of child care and school tuition if applicable. ☐ Yes ☐ No

d. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. ☐ Yes ☐ No

e. States the number of bedrooms in the residence:

f. Confirms and identifies the number of adults and children who are currently residing in the home by name, date of birth and social secuirty number:

Name(s) of Others in the Home	Date(s) of Birth	Social Security Number(s)

g. Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history of child abuse history that would prohibit the placement. ☐ Yes ☐ No

6. ASSESSMENT OF CHILD(REN)

(Complete a separate assessment for each child to be placed)

a. Child Name: _____

Special needs:

Service needs/treatment requirements:

School information:

b. Child Name: _____

Special needs:

Service needs/treatment requirements:

School information:

c. Child Name: _____

Special needs:

Service needs/treatment requirements:

School information:

7. Worker's Name: _____ _____
(*please type or print*) (*telephone number*)

Worker's Signature: _____ _____
(*Date*)

Email Address: _____

Supervisor's Signature: _____ _____ _____
(*Date*) (*telephone number*)