Tennessee Department of Children's Services

Sending Agency's Case Worker Signed Statement

Interstate Compact on the Placement of Children (ICPC) Regulation No. 2

To be submitted by Case Worker with other required ICPC materials

1. Pursuant to the requirement of Regulation No. 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC), the following information regarding the proposed placement resource for the identified child(ren) is certified as true based on my direct communication with the proposed placement resource on **Date of Contact.**

2. Name(s) of Child(ren) to be Placed | Date(s) of Birth | Name(s) of Child(ren) to be Placed | Date(s) of Birth

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

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

_____ _____ _____

_____ _____ _____

Address: _____ State: _____ Zip Code: _____

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

4. The proposed placement resource confirms the information provided above is true; name, address, available telephone number or other contact information. ☐ Yes ☐ No

5. The proposed placement resource:
   a. Is interested in being a placement for the child(ren) and is willing to cooperate with the ICPC process. ☐ Yes ☐ No
   b. 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
   c. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. ☐ Yes ☐ No
   d. State the number of bedrooms in the residence:
   e. 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)

_____ _____ _____

_____ _____ _____

f. 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. As certified by my signature, I am unaware of any fact that would summarily prohibit initiaiting the referral for the proposed placement of the above child(ren) with the identified resource at this time. All required referral documentation has been completed and is ready to be submitted to the Sending Agency Compact Office for processing.

Worker's Name/Title: _____ _____
(*please type or print*) (*telephone number*)

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

Email Address: _____

Supervisor's Name/Title: _____ _____
(*if required, please type or print*) (*telephone number*)

Supervisor's Signature: _____ _____
(*if required*) (*Date*)