



Interstate Compact on the Placement of Children (ICPC) Placement Resource Statement of Confirmation – Regulation #2

1. Pursuant to the requirement of Regulation #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/children is certified as true based on my direct communication with the proposed placement resource on **(1)** **(date of contact)**.

2.	Name of Child/Children to be Placed	DOB	Name of Child/Children to be Placed	DOB

3.	Name of Proposed Resource	DOB	Social Security Number
Marital Status:		Relationship to the child/children:	

4. The proposed placement resource confirms the information provided above and on the *ICPC 100A* is true: name, address, marital status, relationship to each child/children, available telephone number or other contact information, date of birth and social security number of the placement resource. **YES NO**

5. The proposed placement resource confirms:

- a) Is interested in being a placement for the child/children 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/children 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) States the number and type of rooms in the residence:
- **Total number of rooms:**
 - **Number of bedrooms:**
 - **Number of bathrooms:**
- e) Confirms and identifies the number of adults and children, who are currently residing in the home by name, DOB and SS#:

Name	DOB	Social Security Number

- 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 or child abuse history that would prohibit the placement. **YES NO**



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CS-0958

Rev: 2/14



Department of

Children's Services

**Interstate Compact on the Placement of Children (ICPC)
Placement Resource Statement of Confirmation –
Regulation #2**

6. As certified by my signature, I am unaware of any fact that would summarily prohibit initiating the referral for the proposed placement of the above child/children with the identified resource at this time. All required referral documentation has been completed and is ready to be sent to the Tennessee DCS Interstate Compact for the Placement of Children Office for processing.

Name/ Title:

E-mail Address:

Telephone No:

Address:

Signature

Date

Supervisor Name/Title:

Telephone No:

E-Mail Address:

Signature

Date



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INSTRUCTIONS FOR USE OF FORM

[ICPC Placement Resource Statement of Confirmation – Reg #2 \(CS-0958\)](#) which is incorporated as a required document for ICPC Regulation #2 Referrals on children in the custody/guardianship of DCS or under the sole jurisdiction of the Court. Prior to the filing of an ICPC Regulation #2 referral, the TN DCS Regional Family Service Worker or the Court Family Services Worker will contact the proposed resource(s) in the receiving state and secure responses to the information cited on this form. Each of the statements will have a response recorded by the TN DCS Regional Family Service Worker or the Court Family Services Worker.

The TN DCS Regional Family Service Worker and Supervisor or Court Family Services Worker and Supervisor will verify the information by signature and date. Upon completion, this form is to be attached to the cover letter of the ICPC referral and incorporated into the ICPC Regulation #2 Referral submitted to the TN DCS ICPC State Office. This form may be presented to a court/in court proceedings held prior to filing of a referral.

One copy of the form must be completed per proposed resource. If additional space is needed to complete any of the sections, please document additional information on an 8 ½ by 11 sheet of paper and attached to the original form. *

1. **Date of Contact:** Enter the date or dates when the assigned DCS or Court Family Service Worker had direct communication with the proposed placement resource. **Example: MM/DD/YY**
2. **Name of Child/Children to be Placed/DOB:** Identify the child or children involved in the Referral by Name (as registered in TFACTS), and DOB. *
3. **Name of the Proposed Resource:** Identify the name (s) of the proposed resource in this referral (as registered in TFACTS) and DOB.
4. **Verification of Information Provided Above and on the ICPC 100A:** Verified as accurate. **Example: Check Yes or No**
5. **The Proposed Placement Resource Confirms:**
 - a) Is interested in being a placement for the child/children and is willing to cooperate with the ICPC process. **Example: Check Yes or No**
 - b) Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe and care for the child/children if placed as well as provision of child care and school tuition if applicable. **Example: Check Yes or No.**
 - c) Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. **Example: Check Yes or No**
 - d) States the number and type of rooms in the residence:
 - ♦ Total number of rooms: **Example: 5**
 - ♦ Number of bedrooms: **Example: 2**
 - ♦ Number of bathrooms: **Example: 1 ½**
 - e) Confirms and identifies the number of people, including children, who are currently residing in the home by name and characteristics. **Example as cited below or state: "No other residents in the home" ***

OTHER ADULTS(S) AND CHILDREN IN THE HOME

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<u>Name</u>	<u>DOB</u>	<u>SS#</u>
Sally Smith	4/12/48	222-33-4444
George Archer	10/15/21	999-33-5555
Jessie Blue	3/15/2009	666-77-8888

- 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 or child abuse history that would prohibit the placement. **Example: Check Yes or No**

6. **Signatures:** Signature/date of DCS Regional Family Service Worker or Court Family Service Worker and Supervisor is required; include Title, Address Telephone and E-mail Address.



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