



Statement of Children's Administration (CA) Worker

CA Children's Administration

NAME OF CHILD 1	DATE OF BIRTH	NAME OF CHILD 2	DATE OF BIRTH
NAME OF CHILD 3	DATE OF BIRTH	NAME OF CHILD 4	DATE OF BIRTH

- I have communicated directly with the potential placement resource, _____ (name of potential placement resource) on _____ (date).
- I have confirmed the potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the Interstate Compact On Placement of Children (ICPC) process. The family was made aware that ICPC has federal mandated timeframes; and, if the family does not respond timely, the ICPC request will be closed.

CA WORKER'S INITIALS _____

- The name, physical address, and telephone number of the placement resource is as follows:

NAME OF PLACEMENT RESOURCE 1		DATE OF BIRTH
HOME PHONE (INCLUDE AREA CODE)	CELL PHONE (INCLUDE AREA CODE)	OTHER CONTACT
PHYSICAL ADDRESS	CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE ZIP CODE

NAME OF PLACEMENT RESOURCE 2		DATE OF BIRTH
HOME PHONE (INCLUDE AREA CODE)	CELL PHONE (INCLUDE AREA CODE)	OTHER CONTACT

Other individuals who live in the home (if applicable)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

- Describe the sleeping arrangements for all occupants of the home, including both current occupants and the child(ren) who may be placed in the home. Which occupants will share a bedroom or sleep somewhere other than a bedroom?
- _____ (name of potential placement resource) has or will access financial resources to feed, clothe, and care for the child, including child care.
- _____ (name of potential placement resource) acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home to be screened under the laws of the receiving state. The placement resource reported that no one in the home has criminal history or pending criminal charges; or a household member has criminal history or pending charges. List who, what are the charges, and what year below:

CA WORKER'S SIGNATURE	DATE	PRINTED NAME	TELEPHONE NUMBER (AREA CODE)
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