

## Interstate Compact on the Placement of Children (ICPC) Report on Child's Placement Date or Change of Placement – 100B

**Use of Form:** Complete this form to confirm out-of-state placement of child(ren), change or terminate or withdraw an interstate compact request, per RCW 26-34. This is an ICPC specific form. There should be no Washington state addresses for placements on this form.

|   |  |  |  |
|---|--|--|--|
| TO: Name – Receiving State  |  | FROM: Washington ICPC<br>Department of Social and Health Services<br>1115 Washington Street SE<br>P.O. Box 45711<br>Olympia, WA 98504  |  |
| <b>Identifying Information</b>  |  |  |  |
| NAME OF CHILD (LAST, FIRST, MI)   |  |  | DATE OF BIRTH                            |
| <b>ICPC Placement</b>   |  |  |  |
| NAME OF INITIAL OUT-OF-STATE PLACEMENT  | PLACEMENT TYPE<br><input type="checkbox"/> Relative <input type="checkbox"/> Foster <input type="checkbox"/> Parent<br><input type="checkbox"/> Adoption <input type="checkbox"/> Group Care                   |  | OUT-OF-STATE PLACEMENT DATE (MM/DD/YYYY) |
| ADDRESS   | CITY   | STATE  | ZIP CODE                                 |
| <b>ICPC Placement Changes</b>   |  |  |  |
| <input type="checkbox"/> Placement Resource Moved   | NEW ADDRESS  |  |  |
| <input type="checkbox"/> Placement Change   | EXISTING PLACEMENT TYPE FROM:<br><input type="checkbox"/> Relative <input type="checkbox"/> Foster<br><input type="checkbox"/> Adoption <input type="checkbox"/> Group Care<br><input type="checkbox"/> Parent | PLACEMENT TYPE CHANGE TO:<br><input type="checkbox"/> Relative <input type="checkbox"/> Foster<br><input type="checkbox"/> Adoption <input type="checkbox"/> Group Care<br><input type="checkbox"/> Parent |  |
| NAME OF ICPC PLACEMENT  |  | EFFECTIVE DATE OF CHANGE (MM/DD/YYYY)  |  |
| ADDRESS   | CITY   | STATE  | ZIP CODE                                 |
| <b>ICPC Termination</b>   |  |  |  |
| DATE OF TERMINATION (MM/DD/YYYY)  |  |  |  |
| REASON FOR TERMINATION  |  |  |  |
| <input type="checkbox"/> Receiving state requested return<br><input type="checkbox"/> Placement breakdown | <input type="checkbox"/> Placement request withdrawn   | <input type="checkbox"/> Legal custody given to<br>(include court documents if available)  |  |
| <input type="checkbox"/> Sending state requested return<br><input type="checkbox"/> Placement breakdown   | <input type="checkbox"/> Child returned to parent case closed<br>(include court documents if available)<br><input type="checkbox"/> Mother <input type="checkbox"/> Father                                     |  |  |
| <input type="checkbox"/> Transferred to another state   | <input type="checkbox"/> 100-A approval expired (MM/DD/YYYY):  |  |  |
| <input type="checkbox"/> Child reached age of majority  | <input type="checkbox"/> Adoption finalized date (MM/DD/YYYY):<br>(include court documents if available)   |  |  |
| <input type="checkbox"/> Child ran away   |  |  |  |
| <input type="checkbox"/> Approved ICPC placement will not be used   |  |  |  |
| <input type="checkbox"/> Treatment completed / returned from facility                                     |  |  |  |
| <input type="checkbox"/> Other (Specify):   |  |  |  |
| <b>Signatures</b>   |  |  |  |
| PERSON PROVIDING INFORMATION  | DATE   | REPORTING COMPACT ADMINISTRATOR / ALTERNATE  | DATE                                     |

**Interstate Compact on the Placement of Children Report on  
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Form DSHS 15-093 is used to (1) confirm that an approved placement in accordance with the Compact has been made, (2) withdraw a request prior to the home study completion, (3) indicate that an approved resource will not be used, (4) report a change in the placement resource and/or type of care, (5) report a change of address, and (6) close an ICPC case.

**Specific Instructions**

**Complete one form per child** or per sibling if the action applies to siblings at the same time. In the first two blocks, enter the name and state of the ICPC Administrator whose state is submitting the reported information (FROM) and the name and state of the ICPC Administrator to whom the form is being forwarded (TO).

**Identifying Information:** Enter the full legal name and date of birth of the child being placed.

**ICPC Placement:** Complete this section for the initial ICPC placement for a child. Name of placement resource, placement type as approved on DSHS 15-092, and date child was placed out of state.

**ICPC Placement Changes:** If some aspect of the placement changes while the child remains in the receiving state this section is completed; approved placement resource moves, or type of placement changes. Check the appropriate box and indicate the changes and date of change. An example might be the ICPC approved relative placement resource is now an ICPC approved adoptive resource.

Subsequent DSHS 15-093 forms will list the new Placement Resource under **Placement Changes**.

**ICPC Termination:** Enter date, and check reason

**Receiving state requested return:** Check additional box if this was due to placement breakdown/disruption.

**Sending state requested return:** Check additional box if this was due to placement breakdown/disruption.

**Child Reached Majority/Legally Emancipated:** Mark this box if the child has reached majority age and has simultaneously ceased to be the responsibility of the sending agency.

**Placement request withdrawn:** ICPC request for placement has been submitted and worker has decided not to explore that resource further, mark this box, and list the name of the proposed placement resource under ICPC placement.

**Child ran away:** Child ran from placement resource, placement closed.

**Approved ICPC placement will not be used:** ICPC approval has been received; it has been decided not to utilize placement.

**Legal Custody Given to (identify person):** This box should be marked when the child's legal custody and/or guardianship is awarded to placement resource (other than parents) with the concurrence of the receiving state. Attach the court order (if available) transferring custody.

**Treatment Completed/returned from facility:** Mark this item when the placement resource has been providing a specific treatment oriented service, that service has been completed and the child is, therefore, being discharged from the facility e.g., Group Care.

**Child returned to Parent:** child successfully returned, case is closed with ICPC concurrence. Identify mother, father or check both if applicable.

**100A approval expired:** if ICPC placement is not utilized after approval, the ICPC expiration date is 6 months after approval date.

**Adoption Finalized:** If an ICPC adoptive placement has been finalized, indicate the date of finalization. Attach the final adoption decree.

**Other Reason:** Please mark and specify if the reason for Compact Termination if not listed above.

**Signatures:** Person providing information: Assigned CA worker, private individual or agency signs and dates the form.

The second signature space is signed and dated by the Compact Administrator, Deputy, or Alternate.