

AAICPC TECHNICAL ASSISTANCE (TA) FORM
Interstate Compact on the Placement of Children (ICPC)
PART I

** Fields must be completed to receive a response.*

* Name of person requesting TA: (First Name) (Last Name)	* State Requesting TA:
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* Title and/or Relationship :
 Organization (if applicable):

* Email Address:

* Phone: () - - ext.	* Fax: () - -
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* Date TA Form Sent: - -	* Date TA Reply Needed: - -
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(If applicable)
 * Sending State (State from which child is being sent):

(If applicable)
 * Receiving State (State in which child is being placed):

* Did you attempt to contact any ICPC office to ask your question or to resolve your issue(s)? Please check all that apply.

Sending State ICPC Office <input type="checkbox"/>	ICPC office in your state of residence (if not Sending or Receiving States) <input type="checkbox"/>	State
Receiving State ICPC Office <input type="checkbox"/>	No contact attempted <input type="checkbox"/>	

* Did you attempt to contact the Local office (Case worker) in the Sending and, or the Receiving State to ask your question or to resolve your issue(s)? Please check all that apply. I contacted:

Sending State Receiving State No Contact Attempted

* Please provide the name and phone number of the persons you contacted or attempted to contact in the Receiving and/or Sending State. *If no contact was attempted, please skip to Part II and/or Part III.*

Sending State Contact Information:

<u>ICPC Office Contact Information:</u>	<u>Local Caseworker Contact Information:</u>
(First Name) (Last Name)	(First Name) (Last Name)
Title :	Title :
Agency:	Agency:
Email Address:	Email Address:
Phone: () - - ext.	Phone: () - - ext.
Fax: () - -	Fax: () - -

Receiving State Contact Information:

<u>ICPC Office Contact Information:</u>	<u>Local Caseworker Contact Information:</u>
(First Name) (Last Name)	(First Name) (Last Name)
Title :	Title :
Agency:	Agency:
Email Address:	Email Address:
Phone: () - - ext.	Phone: () - - ext.

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PART I

Fax: () - -

Fax: () - -

AAICPC TECHNICAL ASSISTANCE (TA) FORM
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PART II

**** Fields must be completed if the case involves a request for mediation or for assistance with an ICPC case.**

** Name of Child: (First Name) (Last Name)	Name of Child: (First Name) (Last Name)	Name of Child: (First Name) (Last Name)
Date of Birth (DOB): - - <i>or</i> ** Age:	Date of Birth (DOB): - - <i>or</i> ** Age:	Date of Birth (DOB): - - <i>or</i> ** Age:
Social Security Number (SS#): (if permitted by state) - -	Social Security Number (SS#): (if permitted by state) - -	Social Security Number (SS#): (if permitted by state) - -

If there are more than 3 children, please include additional names, DOB/ages and SS#s on page 4.

**** TYPE OF PLACEMENT**

Foster Care <input type="checkbox"/>	Relative <input type="checkbox"/>
Adoption <input type="checkbox"/>	Residential Treatment Facility <input type="checkbox"/>
Foster-Adopt <input type="checkbox"/>	Parental <input type="checkbox"/>

**** Who has legal custody of the child in the Sending State?**

Child Welfare Agency <input type="checkbox"/>	State	Legal Guardian <input type="checkbox"/>	State
Court <input type="checkbox"/>	State	Relative <input type="checkbox"/>	State
Parent(s) <input type="checkbox"/>	State	Private Placement Agency <input type="checkbox"/>	State
Adoptive Parent(s) <input type="checkbox"/>	State		

**** Who has physical custody of the child in the Sending State?**

Child Welfare Agency / Foster Care Parent(s) <input type="checkbox"/>	State	Legal Guardian <input type="checkbox"/>	State
Residential Treatment Facility <input type="checkbox"/>	State	Relative Placement Agency <input type="checkbox"/>	State
Adoptive Parent(s) <input type="checkbox"/>	State		

**** Who is the child being placed with in the Receiving State?**

Foster Parent(s) <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
Adoptive Parent(s) <input type="checkbox"/>	Relative Group Home <input type="checkbox"/>
Parent(s) <input type="checkbox"/>	Home <input type="checkbox"/>

Residential Treatment Facility

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PART III

Please describe the case in detail in 500 words or less.

* Please succinctly state your question in 100 words or less.
(Ex.) What time frame is permitted for processing a Regulation 7?

TECHNICAL ASSISTANCE RESPONSE: (to be completed by Secretariat)

A written response will be provided by: _____ - - (Date)

Please contact the Sending State's ICPC Office

Please contact the Receiving State's ICPC Office

Please escalate the matter to an ICPC Administrator, Supervisor, or Director in the Receiving and/or Sending State.

Receiving State

Sending States

Please refer to the 2002 Guide for the Interstate Compact on the Placement of Children at:
http://icpc.aphsa.org/Home/Doc/Guidebook_2002.pdf

Please refer to the ICPC State Pages at:
<http://icpc.aphsa.org/Home/states.asp>

Please refer to the ICPC form(s) at:
<http://icpc.aphsa.org/Home/resources.asp>

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PART II (continued)**

Additional Children:

** Name of Child 4:	Name of Child 5:	Name of Child 6:
Date of Birth (DOB): - -	Date of Birth (DOB): - -	Date of Birth (DOB): - -
<u>or</u> ** Age:	<u>or</u> Age:	<u>or</u> Age:
Social Security Number (SS#): (if permitted by state) - -	Social Security Number (SS#): (if permitted by state) - -	Social Security Number (SS#): (if permitted by state) - -