

NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**DETAILED CHILD SUMMARY**  
**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)**

This form is for use by New York (NY) local department of social services (LDSS) and voluntary authorized agency (VA) caseworkers when preparing a request for an ICPC home study/placement under ICPC Regulations 1, 2, or 7. Please submit one form for each child, with each ICPC request. A response is required in each section. The caseworker or supervisor **must sign** and date the form.

Alternatively, you may submit an existing document such as a Psychosocial Assessment, so long as it is dated within six months and responds to each topic below. If you have questions, contact NY ICPC at [ocfs.sm.NYSICPC@ocfs.ny.gov](mailto:ocfs.sm.NYSICPC@ocfs.ny.gov) or **518-474-9406**.

<b>1. NY Sending Agency:</b>
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CHILD'S NAME:	CHILD'S DOB: / /
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<b>2. Description of child.</b> Provide a brief physical description and describe child's personality and interests. Note whether child has a significant connection to any identity or group (e.g. religious, cultural, ethnic).
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<b>3. Birth family.</b> Provide a brief description of family background. Summarize any significant events in child's life. Note significant relationships, including siblings; if siblings are not placed together, explain.
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<b>4. Placement history and adjustment.</b> Describe child's adjustment to current placement and reaction to being separated from parent/caregiver. Note whether child is currently in a higher-level-of-care placement setting, such as therapeutic foster care or a residential treatment center, and include plan for discharge/step-down.
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<b>5. Physical Health/Medical.</b> State whether child is up-to-date with immunizations and medical and dental exams. List current medications and diagnoses. List any types of specialized medical care the child requires (e.g. endocrinology, orthopedics). Attach immunization records and recent/significant medical reports.
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<b>6. Mental Health/Behavioral Health/Developmental.</b> Describe whether child is receiving or referred for mental health treatment, and the type of treatment/provider. List current medications and diagnoses. Note any behavioral concerns. List dates of any psychological, early intervention, or other developmental/mental health assessments and attach reports.
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<b>7. Education.</b> Note child's grade in school, summary of school performance (attendance, grades, behavior), does child have IEP, any concerns. Attach relevant records.
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<b>8. Services recommended</b> to support child in proposed out-of-state placement, other than any noted above.
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<b>9. Juvenile Delinquent (JD) / Person in Need of Supervision (PINS) status</b> Is child an Adjudicated Juvenile Delinquent (JD)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is child a Person in Need of Supervision (PINS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to either, attach current JD/PINS court orders.
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CASEWORKER NAME (TYPE OR PRINT):	(AREA CODE) PHONE: ( ) -
SIGNATURE:	DATE: / /