

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SIGNED STATEMENT OF SENDING AGENCY CASE MANAGER**  
**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 submitting a request for an ICPC home study under ICPC Regulations 1 or 2. Please include one form with every home study request. Each item in sections 1 - 10 must be completed, and document must be signed by sending agency caseworker and supervisor. 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>			
<b>2. Name of Child to be Placed</b>	<b>DOB</b>	<b>Name of Child to be Placed</b>	<b>DOB</b>
	/ /		/ /
	/ /		/ /
	/ /		/ /

	Caseworker Initials
<b>3.</b> I have communicated directly with the potential placement resource, [name], on / / [date] – within the last 90 days – and I certify that the below information is true based on my communication with the resource.	
<b>4.</b> I have disclosed information on each child’s needs and any services s/he will require.	
<b>5.</b> I have confirmed that the potential placement resource is interested in being a placement for the children listed above, and is willing to cooperate with the ICPC process. The resource was made aware that ICPC has federal mandated timeframes and, if the family does not respond timely, the ICPC request will be closed.	
<b>6.</b> Potential placement resource acknowledges that he/she has sufficient financial resources or will access financial resources to feed, clothe, and care for the child(ren), including child care, if needed.	
<b>7.</b> Potential placement resource acknowledges that criminal record and child abuse/maltreatment history checks will be completed on any persons residing in the home required to be screened under the law of the receiving state, and, to the best knowledge of the placement resource, no one residing in the home has a criminal history or child abuse history that would prohibit the placement.	

**8. The name, address, and (area code) telephone number of the proposed resource:**

NAME	DOB: / /
RELATIONSHIP TO CHILDREN LISTED ABOVE:	
Telephone Number ( ) -	ALTERNATE (AREA CODE) TELEPHONE NUMBER ( ) -
Street Address:	
CITY,	STATE,
	ZIP
MAILING ADDRESS, IF DIFFERENT	

9. Current household composition of proposed resource:

Name	DOB	Relationship to children listed above in number two.
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

10. The number and type of rooms in the residence of the potential placement resource, and the number of individuals residing in the home:

Number of Bedrooms:	
Number of Adults in the home:	
Number of Children in the home, (including the children to be placed):	

11. Comments/Additional information of use to Receiving State home study worker:

--

12. Signatures of Caseworker and Supervisor

CASEWORKER NAME (TYPE OR PRINT):	(AREA CODE) PHONE: (    )       -
SIGNATURE:	DATE: /       /

SUPERVISOR NAME (TYPE OR PRINT):	(AREA CODE) PHONE: (    )       -
SIGNATURE:	DATE: /       /