NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REGULATION 7 – COMBINED FORM

Sending State's Priority Home Study Request (ICPC 101)
And 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 Regulation 7. Please include one form with every home study request; for a sibling group of more than three children, provide a second form. Complete ALL fields, and sign and date the form.

If you have questions, contact NY ICPC at ocfs.sm.NYSICPC@ocfs.ny.gov or **518-474-9406**.

1. NY Sending Agency:

2. Child(ren) to be placed

Name	DOB	Proposed Resource Relationship to Child	***To qualify for a Regulation 7 home study, proposed resource must be one of the following:*** *Parent, Stepparent, Grandparent, Adult Aunt/Uncle, Adult Sibling, Guardian.*
	/ /	☐ Parent ☐ Stepparent ☐ Grandparent(s) ☐ Adult Aunt/Uncle ☐ Adult Sibling ☐ Guardian	
	/ /	☐ Parent ☐ Stepparent ☐ Grandparent(s) ☐ Adult Aunt/Uncle ☐ Adult Sibling ☐ Guardian	
	/ /	☐ Parent ☐ Stepparent ☐ Grandparent(s) ☐ Adult Aunt/Uncle ☐ Adult Sibling ☐ Guardian	

3. The name, address, and telephone number of the proposed resource are as follows:

NAME OF PROPOSED RESOURCE:	RESOURCE DOB: / /	MARITAL STATUS:
STREET ADDRESS:	CITY, STATE, ZIP:	
(AREA CODE) TELEPHONE NUMBER: ( ) -	ALTERNATE (AREA CODE) TELEPHONE NUMBER: ( ) -	
BEST TIME TO CONTACT RESOURCE:		
EMPLOYER NAME (IF APPLICABLE):		
MAILING ADDRESS, IF DIFFERENT FROM PHYSICAL ADDRESS:		

4. Current household composition of proposed resource:

Name	DOB	Relationship to children listed above
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

5. 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*:	

		Caseworker's Initials
6.	I have communicated directly with the potential placement resource, [name], on / / , [date] – within the last 30 days –, and I certify that the information in items 3-10 is true based on my communication with the resource.	
7.	I have disclosed information on each child's needs and any services each child will require.	
8.	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 time frames and, if the family does not respond timely, the ICPC request will be closed.	
9.	Potential placement resource acknowledges that s/he has sufficient financial resources or will access financial resources to feed, clothe, and care for the child(ren), including child care, if needed.	
10.	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/maltreatment history that would prohibit the placement.	

11. Confirmation of Attachments Required by Regulation 7

Case Plan (FASP) Attached: ☐ Yes ☐ No	Financial/Medical Plan Attached: ☐ Yes ☐ No
Other required pertinent information regarding child and family will follow: ☐ Yes ☐ No	

12. Assessment of Child(ren). Complete this section for each child who is part of the Regulation 7 request. For more than 3 children, attach additional forms.

Child 1 Name:
Special Needs:
Mental/Physical Health Status and Needs:
Service Needs/Treatment Requirements:
School Information (grade, summary of performance, does child have IEP):

Child 2 Name:
Special Needs:
Mental/Physical Health Status and Needs:
Service Needs/Treatment Requirements:
School Information (grade, summary of performance, does child have IEP):

Child 3 Name:
Special Needs:
Mental/Physical Health Status and Needs:
Service Needs/Treatment Requirements:
School Information (grade, summary of performance, does child have IEP):

13. Signatures of Caseworker and Supervisor

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

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