Checklist for a RELATIVE Request:

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Make *FIVE* Copies of 100A Document **for each child,** with **SECTIONS I, II & III** completely filled in

- **Section I IDENTIFYING DATA**- ALL fields must be completed
- **Section II PLACEMENT INFORMATION**- Must reflect FULL NAME, ADDRESS & TELEPHONE NUMBER OF PROSPECTIVE RESOURCE

  Type of Care Requested- Must reflect RELATIVE and include RELATIONSHIP

  Current Legal Status of Child- Select appropriate status(es)
- **Section III SERVICES REQUESTED** **Initial Report Requested -** Must reflect RELATIVE
  Supervisory Services - Must reflect REQUEST RECEIVING STATE TO ARRANGE SUPERVISION
  Supervisory Reports Requested - Generally reflects QUARTERLY.
  Signature of Sending Agency or Person – Must be signed and dated.

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Assemble *THREE* Copies of Each of the Following Documents

√ **Cover Letter**- Must be **signed** and **dated** and all information must be current.

- It should outline who you are & how you can be contacted;
- who the child is; where you want to send the child;
- who the resource is in relation to the child;
- what kind of report you are requesting;
- what kind of placement you wish to make;
- how the child came into care &
- what the plan is for the child.

√ **Court Orders**-PLACEMENT ORDER must be current *(dated within the last six months)*,

- signed by a judge or court representative and
- clearly state that the child is in the care & custody or guardianship & custody of the Commissioner of a Local Department of Social Services or the Commissioner of NYC Administration for Children's Services or Court Jurisdiction Only. A COURT ACTION SUMMARY IS NOT ACCEPTABLE.

√ **Financial/Medical Plan-** Both forms must be signed and dated.

- **Financial Plan** must reflect: "Placement resource agreed or will agree to use own resources in supporting the child" &
- **Medical Plan** must reflect "The placement resource will provide for the means to meet the medical needs of the child"

√ **Certification of Title IV-E Eligibility for Medicaid** ***(One per child)*** **-** Must be signed and dated. The determination Must match the Title IV-E selection on the 100A

√ **Detailed Child Summary** (**Social History)- Must be detailed**,

- specific and current and describe the child's birth family,
- why the child is in placement, and why an interstate request for placement is necessary.
- Address the child's history from any available records,
- including the present living situation (how the child is coping with those around him/her, important events in his/her life, whether positive or negative), and
- provide the child's physical description.
- Include the medical history of the child, including *any* hospitalizations, illnesses, and current medical reports, if available.

√ **Family Assessment Service Plan (FASP):** AKA CASE/SERVICE PLAN

√ **Child(ren)'s Social Security Card & Birth Certificate** - If copies of either documentation are not available at the time of the ICPC request, this must be indicated in the cover letter and the documents must be forwarded as soon as they are available.

√ **Case Managers Statement Form-** Must be completed fully, signed and dated by case worker and supervisor.

Mail the THREE copies of the Assembled Packet, with the FIVE copies of the 100As to the NY ICPC.

NOTE: **Form 100B** MUST be submitted when placement is made after approval of the request by the receiving state. *(i.e., the counter-signed Form 100A is received)*. This will alert the receiving state of the placement, and will initiate supervision.

Form 100B is also required **to close or withdraw** a request.

11/27/12