

ICPC Checklist for a FOSTER CARE Request:

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

- **Section I IDENTIFYING DATA** - ALL fields must be completed.
- **Section II PLACEMENT INFORMATION** - Must reflect FULL NAME, ADDRESS and TELEPHONE NUMBER of the PROSPECTIVE RESOURCE.
 - **Type of Care Requested** - Must reflect FOSTER FAMILY HOME.
 - **Current Legal Status of Child** - Select appropriate legal status(es).
- **Section III SERVICES REQUESTED - Initial Report Requested** - Must reflect FOSTER HOME STUDY.
 - **Supervisory Services** must reflect either REQUEST RECEIVING STATE TO ARRANGE SUPERVISION OR ANOTHER AGENCY HAS AGREED TO SUPERVISE (if the latter is selected, a copy of the contract with the supervising agency must be included).
 - **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 and how you can be contacted;
- Who the child is and 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; and
- 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 and custody or guardianship and custody of the Commissioner of the 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 "We will provide foster board payment" OR "Placement resource agreed or will agree to use own resources in supporting the child(ren)."
- **Medical Plan** must reflect "The receiving state will arrange for Medicaid coverage based on the provisions of the federal COBRA Legislation (Title IV-E)" OR "Child(ren) are not Title IV-E eligible. The New York agency will provide reimbursement for the child(ren)'s medical expenditures incurred with prior approval."

Certification of Title IV-E Eligibility for Medicaid (One form 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.**

- Describe the child's birth family;
- Why the child is in placement;
- 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);
- 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) - Also known as the CASE/SERVICE PLAN.

Child(ren)'s Social Security Card and 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 Manager's Statement Form - Must be fully completed, 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.