

## ICPC PACKET CHECKLIST

**Please read ALL of the requirements prior to assembling your ICPC request** Washington ICPC requires 3 packets of materials (HQ ICPC keeps one packet, 2 packets go to the receiving state, one for the ICPC office and one for the local worker)

\*\*\* ONLY Packets going to Oregon or Idaho require one packet

**Parent home study request-** require the parent to be found unfit (dependency finding), parent needs to be completed or close to completing services, include assessments, discharge reports, certificates of completion

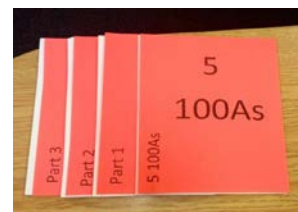
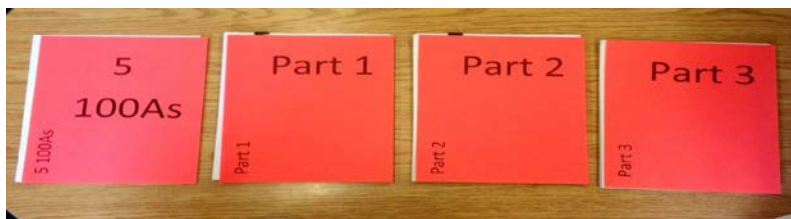
For each home study request, send FIVE copies of the completed and signed Interstate Compact Request form known as the **100A form DSHS 15-092**, for each child. The 100A forms are placed on top of the **THREE identical packets** (packet contents listed below). Do **NOT** send double sided documents.

### ONE packet includes ONE copy of the following items:

**\*\*Tip\*\* complete and gather the documents listed below and then make 2 copies**

<input type="checkbox"/> <b>Cover Letter</b>	<ul style="list-style-type: none"> <li>Type of home study being requested as shown on 100A **most states require the child(ren) to be legally free prior to requesting an adoptive home study</li> <li>FamLink case #</li> <li>Identify the resource and their relationship, any concerns you have and any requirements they must meet</li> <li>Explanation of how the child(ren) came into care and their needs</li> <li>Summarize the financial-medical plan</li> <li>State your intent to seek dependency if the case is in Shelter Care</li> </ul>
<input type="checkbox"/> <b>Signed Social Worker Statement</b>	<ul style="list-style-type: none"> <li>Contact the potential resource to answer the questions on the form</li> <li>Documents needs to be completely filled out and signed</li> <li>Form is available at <a href="http://ca.dshs.wa.gov/intranet/programs/icpc.asp">http://ca.dshs.wa.gov/intranet/programs/icpc.asp</a></li> </ul>
<input type="checkbox"/> <b>Title IV-E Summary</b>	<ul style="list-style-type: none"> <li>Contact the Federal Funding Specialist in your office to get this</li> </ul>
<input type="checkbox"/> <b>Financial /Medical Plan</b>	<ul style="list-style-type: none"> <li>Form is available at <a href="http://ca.dshs.wa.gov/intranet/programs/icpc.asp">http://ca.dshs.wa.gov/intranet/programs/icpc.asp</a></li> </ul>
<input type="checkbox"/> <b>Court Orders</b>	<ul style="list-style-type: none"> <li>Dependency Review Order- most current</li> <li>Termination and/or Relinquishment</li> </ul>
<input type="checkbox"/> <b>Court Report</b>	<ul style="list-style-type: none"> <li>Current</li> </ul>
<input type="checkbox"/> <b>Child History</b>	<ul style="list-style-type: none"> <li>Psychological/mental health evaluations</li> <li>School Reports/IEP</li> <li>CHET/any significant medical history and immunization records</li> <li>Birth Certificate (Certificate not available indicate the date it was ordered-it is required at the time of placement)</li> <li>Social Security card (If the SS card is not available, the letter from the staff in your office responsible for verifying the SS number or indicate the date it was ordered-it is required at the time of placement)</li> </ul>
<input type="checkbox"/> <b>Private Agency Contract</b>	<ul style="list-style-type: none"> <li>Very few ICPC's require a contract (private agency adoptions are one example) contact HQ ICPC staff if you are unsure</li> </ul>

**\*\* PACKET ASSEMBLY\*\*** Separate each packet with a piece of colored paper. Secure the request with a large rubber band and forward to the ICPC office by campus mail ICPC Mail Stop 45711 or 1115 Washington St. SE Olympia WA 98504



5 100 A's      + Part 1      + Part 2      + Part 3  
 Items listed above      copy of part 1      copy of part 1

**= ICPC request packet**