**Regulation 2 Statement**

**All areas must be completed to process packet.**

Please review the attached information requesting an Interstate Compact placement for the following child(ren):

**Child’s Name / Date of Birth**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

**(\_) Additional children listed at the end of this letter.**

This agency has communicated directly with the potential placement resource, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(full name of person with whom child to be placed)****.* The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.

The placement resourcehas or will access financial resources to feed, clothe, and care for the child, including child care. The placement resource also acknowledges that a criminal history and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state **(attach list of any offenses that the placement resource indicates will appear on said checks)**.

This request and information was provided by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(county agent contacting resource)*** and discussed with the placement resource on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date resource contacted)****.*

The name, correct address, available telephone number or other contact information, date of birth, and social security number of the placement resource is as follows:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of placement resource**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address of placement resource**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physical Address of placement resource**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone numbers/contact information**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Telephone number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Telephone number**

The name, correct address, available telephone number or other contact information, date of birth, and social security number of all adults in the home is as follows:

**Name of Adult / Social Security Number / Date of Birth**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(\_) Additional adults listed at the end of this letter.**

**Total number of adults residing in the resource home: \_\_\_\_**

The following information has also been verified with the placement resource regarding the number and type of rooms in the proposed residence is sufficient to accommodate the child as follows:

**Number of bedrooms in resource home: \_\_\_\_\_**

**Children residing in the resource home, prior to child being placed:**

**Name / Date of Birth / Gender**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**(\_) Additional children listed at the end of this letter.**

**Total number of children residing in the resource home: \_\_\_\_\_**

Also included in this packet are the following (in triplicate for each child):

* + Cover Letter
  + Completed 100A (CY805)
  + A copy of the most recent Court Order
  + A copy of the most recent Service Plan
  + Birth Certificate
  + Social Security Card
  + Social Summary
  + Health Records
  + Education Records (if applicable)
  + Financial/Medical Plan
  + Title IV-E Eligibility
  + Psychological Evaluation (if applicable)

Sincerely,

[CYS Caseworker/Supervisor]

[Contact Information]