

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)
RECEIVING STATE'S PRIORITY HOME STUDY

PURPOSE:

Form CD ICPC 102 is used to complete a Priority Home Study in the time specified. This format is used only for those individuals who would fall into the categories listed for a Priority Referral (parents/step parent; grandparents/ step grandparents; aunts/ uncles; adult siblings) and who have been classified as such by the court of jurisdiction in the sending state.

In all other referrals, please refer to the *Child Welfare Manual, Section 6, Chapter 3, Attachment A – Guide for Conducting Foster/ Kinship Family Assessments, pages 7 -13.*

COPIES & DISTRIBUTION:

This form consists of eight (8) pages. Three (3) copies (original and 2 copies) of the completed and signed document must be submitted to the ICPC Unit in state office.

CD ICPC 102 can be handwritten as long as the writing is neat and clearly legible.

INSTRUCTIONS FOR COMPLETION:

Should the section not apply, please enter "Not Applicable" in the box.

IDENTIFYING INFORMATION OF CHILD – *This section must be completed. If there is more than one child, list additional children on a separate sheet.*

- Child's Name/ D.O.B./ Age/ Ethnic Group – enter the child's legal name, date of birth, age and ethnicity;
- Sending State – enter the name of the state who issued the request for a Priority Home Study.

PROPOSED PLACEMENT RESOURCE –

- Enter Name/ Social Security Number/ Address/ Phone numbers of proposed placement resource and spouse/ significant other/ other adult in the household;
- Indicate the marital status of the proposed resource by circling the appropriate letter⁷
- Indicate in mo/yrs the length of time of the relationship between the proposed caretaker and spouse/ significant other in the home;
- Indicate the number of individuals in the house hold (adults and children) as well as their relationship to the proposed caretaker;
- Enter the name/ address/ phone number of Proposed Resource's employer;
- Enter the name/ address/ phone number of Spouse/ Significant Other's employer;
- Relationship to child – indicate the relationship of the proposed resource to the child who is being considered for placement in this home. If applicable, identify if the paternal or maternal family is involved. *Note:*

half relationships and step relationships are considered the same as if whole relationship (ie. half sister/ step sister is the same as sister);

- Reason for Wanting to Care for Child(ren) – indicate the proposed resource’s reason for wanting to care for child(ren) and worker’s assessment of the response;
- Dates of Telephone Contact – enter dates (mm/dd/yy) of phone contacts made by the worker with the proposed resource;
- Dates of Home Visits – enter dates (mm/dd/yy) of home visits made by the worker with the proposed resource;
- How did proposed resource hear about the child(ren)’s situation – indicate proposed resource’s response to this question as well as worker’s assessment of response;
- Proposed Resource’s Understanding of Situation – enter response and worker’s assessment of response;
- Ability to Protect Child(ren) From Offender – indicate worker’s assessment of the ability of the proposed resource to protect the child from the person or persons who perpetrated abuse or neglect;
- Willingness to Provide Care – indicate if the proposed resource is willing to provide long term care for child or only time limited. Include worker’s assessment of this response;
- Appropriateness of Child Care Plans – enter the response of the proposed resource to this question and include worker’s assessment of response. Also include any necessary explanation if the proposed resource does not plan to utilize child care or if the child to be placed does not require child care;
- Forms of Discipline – indicate type of discipline used in the home and mark yes or no if the proposed resource/ spouse sign the agency’s discipline policy. If they do not sign, indicate why it was not. Attach copy of the policy to the completed form.

FINANCES:

Income verification must be provided with the completed home study.

- Indicate the household’s income and check the appropriate box to show type (if the amount entered is a monthly/ yearly etc);
- Enter the name of the head of household – name on bills, etc
- Is Present Income Adequate for the Addition of Child(ren) – worker to indicate their assessment of the adequacy of the household income to meet both the current expenses and the additional expense of the child. Worker to mark the appropriate box and enter any additional information as necessary;
- Check the appropriate box “Yes” or “No” – for the response of the proposed caretaker(s) to each question.

SPECIAL NEEDS:

- Ability of Caretaker, Community, Schools to Meet Child(ren)'s Special Needs – Using the information provided by the sending state in the Priority Referral, worker is to indicate his/her assessment of the proposed resource and community to adequately and appropriately meet the child(ren)'s indicated special needs.

HOUSEHOLD COMPOSITION:

List individuals separately. Use additional sheet to list all household members if necessary.

- Enter the name/ age/ relationship of adults in the household to proposed resource & child to be placed;
- Check appropriate boxes to indicate clearances completed on all adults age 18 years and older;
- Indicate the attitude of each individual towards placement of the child in the household;
- Enter the name/ age/ relationship of child(ren) in the household to the proposed resource & child to be placed;
- Indicate the attitude of the child(ren) in the household towards placement of the child in the home;
- School Progress/ Problems -- indicate if contact was made with the appropriate school for each child. If issues were identified as of concern by the school, indicate in space provided;
- Previous Contacts with Public/ Social Service Agencies – check the appropriate box to indicate the proposed resource's response to this question. If prior contact is indicated, enter the date/ type of contact, services provided, if any, outcomes, etc.

CLEARANCES:

Missouri state statute requires that FBI fingerprint screenings be completed on all adults over the age of 17 (this includes relatives and parents) as well as Child Abuse and Neglect Clearances.

For each adult member of the household, enter the appropriate information as requested. If for some reason, clearances were not completed, please explain.

HEALTH:

Check yes or no as appropriate. If no, attach separate page with explanation

HOME AND COMMUNITY:

- Adequacy of Space – Worker to indicate his/ her assessment of the home of the proposed resource in relation to its adequacy to accommodate the child(ren) who are being considered for placement;

- Check yes or no to each of the questions listed: Will child have his/ her own bed ? Closet space? Will child share a bedroom? If child will be sharing a bedroom, indicate with whom and their age(s);
- Housekeeping Standards – Worker to indicate his/her assessment of the house keeping standards of the proposed resource, taking into account the needs of the child(ren) being considered for placement;
- Potential Hazards or Safety Issues – Check the appropriate box to indicate if any hazards or safety issues were noted by worker. Worker to indicate his/her assessment of any potential hazards or safety issues which could/would impact the child(ren) being considered for placement;
- Appropriateness of Neighborhood – Worker to enter his/her assessment of the neighborhood, taking into account the needs of the child(ren) being considered for placement;
- Proximity to Schools, Medical Services, etc -- Indicate assessment of the proximity of community resources being available to the proposed resource & the child(ren) being considered for placement, taking into account any special needs of the child(ren).

AREAS OF CONCERN:

Explain any potential problem areas with this case/ proposed placement.

CASE PLAN FROM SENDING STATE:

- Is the Placement Resource Willing/ Able to Support the Stated Case Plan for the Child(ren) – check yes or no. If no, explain in space provided;
- Is the Submitted Case plan Suitable/ Accurate for This Proposed Placement – check yes or no. If no, explain in space provided;
- Are There Any Restrictions, Limitations Worker Would Place on the Proposed Family, The Court and the Placing Agency – check yes or no. If yes, explain in space provided. Be as detailed as possible;
- Is the Financial/ Medical Plan from the Sending State Adequate to Meet the Needs of Child(ren) – check yes or no. If no, explain in space provided;

STUDY NARRATIVE:

Discuss any areas which cannot be addressed by this abbreviated study. Provide clarification as necessary in space provided.

WORKER'S RECOMMENDATION:

This section must be done by the worker completing the home study.

Check “For Placement” or “Against Placement” as applicable. If recommendation is against placement, please explain in space provided. Enter any

additional comments not addressed elsewhere in the home study in the space provided.

REFERENCES:

Enter information for three (3) references as given by the proposed caretaker.

- Enter name/ address/ phone numbers for each of the references;
- Check “yes” or “no” as appropriate to indicate if was made with the reference;
- Check “positive” or “negative” as appropriate to indicate if information provided by reference was positive or negative regarding the proposed resource and the plan to place the child(ren) with the proposed resource. If the response was negative, please provide an explanation in the space provided. Attach additional sheets if necessary.

CONDITIONS OF PLACEMENT:

Enter any additional conditions that must be met prior to placement occurring.

SIGNATURES:

- Name, Title and Signature of Worker Completing Home Study – worker to enter name, title and date then sign form prior to submitting to ICPC Unit;
- Name, Title and Signature of Supervisor – the supervisor of the worker completing the home study *must* also sign and date this form prior to it being submitted to the ICPC Unit.

MEMORANDA HISTORY:

CS96-63
CD05-##