

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
PLACEMENT PRESCREENING
Michigan Department of Human Services**

This form must be completed by the assigned caseworker **prior** to making an ICPC referral and must be included in the ICPC referral packet.

| | | | |
|--------------|---------------|--------------|---------------|
| Child's Name | Date of Birth | Child's Name | Date of Birth |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Pursuant to the requirement of Regulation 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC). Checkmark boxes 1, 5 and 6 during communication and complete the contact information.

1. The assigned caseworker has communicated directly with the potential placement resource. They are interested in being considered as a placement resource for the child and are willing to cooperate with the ICPC process.

2. Contact information for the potential placement resource is as follows:

Name: _____ Relationship to child: _____

Address: _____

Phone Number: _____

3. Contact information for all other adults living in the home is as follows:

Name: _____ Relationship to the child: _____

4. The number and type of rooms in the proposed residence is sufficient to accommodate the child as follows:

Number of bedrooms: _____

Number of adults residing in the home: _____

Number of children residing in the home, including child(ren) to be placed: _____

5. The proposed placement resource has acknowledged having sufficient financial resources or will access financial resources to care for the child(ren).

6. The proposed placement resource acknowledges that a criminal records 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.

DHS Caseworker Signature

Date

DHS County:

Telephone Number:

| | |
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| <p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p> | <p>Completion Required. Referrals will be held for one week, then returned to requesting office.</p> |
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