

**SENDING STATE  
PRIORITY HOME STUDY REQUEST**  
Michigan Department of Human Services

Association of Administrators of the Interstate Compact on the Placement of Children

To be submitted by Social Worker with other required ICPC materials

Name of Child\* to be placed \_\_\_\_\_ Age \_\_\_\_\_ Mother's Name \_\_\_\_\_

Ethnic Group \_\_\_\_\_ DOB \_\_\_\_\_ Father's Name \_\_\_\_\_

**PROPOSED CARETAKER**

NAME: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Living with \_\_\_\_\_  
(name of person)

ADDRESS: \_\_\_\_\_

Telephone Home No: \_\_\_\_\_ - \_\_\_\_\_ Work No: \_\_\_\_\_ - \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_

Relationship to child identified above: \_\_\_\_\_

Best time of day to contact caretaker: \_\_\_\_\_ Employer \_\_\_\_\_  
(if applicable)

Alternate Contact Name and Address: \_\_\_\_\_

**ASSESSMENT OF CHILD**

Case Plan Attached:  YES  NO

Financial/Medical Plan attached:  YES  NO

Special Needs: \_\_\_\_\_

Handicaps: Mental/Physical \_\_\_\_\_

Service Needs/Treatment Requirements: \_\_\_\_\_

School Information: \_\_\_\_\_

Other required pertinent information regarding child and family will follow:  YES  NO

Worker's Name \_\_\_\_\_ (Please Print) \_\_\_\_\_ (Telephone No.)

Worker's Signature \_\_\_\_\_ (Date)

Supervisor's Signature \_\_\_\_\_ (Date) \_\_\_\_\_ (Telephone No.)

**\*If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.**

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