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| LOCAL COMMISSIONERS MEMORANDUM |  
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DSS-4037EL (Rev. 9/89)

Transmittal No: 97 LCM-16

Date: February 25, 1997

Division: Services and  
Community  
Development

TO: Local District Commissioners

SUBJECT: Interstate Compact on the Placement of Children (ICPC)  
Procedures to Request an ICPC Priority Home Study

ATTACHMENTS: I. ICPC Regulation No. 7  
II. Necessary Action for ICPC Priority Home Study  
Requests  
III. Sending State Priority Home Study Request  
IV. Receiving State's Priority Home Study  
(All available on-line)

The purpose of this memorandum is to inform you of a revision in the procedures involved in certain placements made pursuant to the Interstate Compact on the Placement of Children [ICPC] (see Section 374-a of the Social Services Law). The revision is a new ICPC procedure approved by the Association of Administrators of the ICPC. This is a national association of the administrators of the various ICPC offices in each State and the District of Columbia. The procedure, which is contained in the Association's Regulation No. 7, may have an impact upon your agency's foster care staff. A copy of Regulation No. 7 is attached.

The new ICPC procedure, effective October 1, 1996, prescribes procedures to be followed when a court in a sending State determines that a proposed placement of a child from one State to another is necessary. The procedures would only apply to the placement of certain categories of children with a relative (see paragraph 5 of Regulation No. 7). The procedure requires the receiving State to make a determination to approve or disapprove a proposed ICPC placement within 20 business days of receipt of the ICPC request. In practice, this means that the receiving State's ICPC office would receive the court order and accompanying documentation from the ICPC office of the sending State. Prior to the receiving State being able to approve the placement, it must have a home study/evaluations of the proposed placement resource. Because the receiving State has only 20 business days to make a

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determination on the ICPC placement request, local agencies such as social services districts, will be requested to complete its home study/evaluation within that 20 business day period.

Therefore, your agency may be requested to cooperate in complying with this procedure. According to Regulation No. 7 failure to comply with the 20 business day standard constitutes a violation of the ICPC and the court in the sending State may contact a court in the receiving State to issue an appropriate order to enforce the sending State's order (see paragraph 4(a) of Regulation No. 7).

Also, attached please find a summary of the instructions of the requests of Regulation No. 7, as well as forms developed by the Association of Administrators of the ICPC for implementation of the regulation.

The Department requests your cooperation in complying with this procedure. Should you have any questions concerning this matter, please call ICPC Administrator James Keeler at (518) 473-1591 or Assistant Deputy Counsel John Stupp at (518) 474-8490.

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Rose M. Pandozy  
Deputy Commissioner  
Division of Services and  
Community Development

REGULATION No. 7

1. Words and phrases used in this regulation shall have the same meanings as those ascribed to them in the Interstate Compact on the Placement of Children (ICPC). A word or phrase not appearing in ICPC shall have the meaning ascribed to it by special definition in this regulation or, where not so defined, the meaning properly ascribed to it in common usage.

2. Whenever a court upon request, or on its own motion, or where court approval is required, determines that a proposed priority placement of a child from one state into another state is necessary, the court shall make and sign an order embodying that finding. The court shall send its order to the Sending Agency within two (2) business days. The order shall include the name, address, telephone number, and if available, the FAX number, of the judge and the court. The court shall have the sending agency transmit, within three (3) business days, the signed court order, a completed Form 100A ("Request for Placement") and supporting documentation pursuant to ICPC Article III, to the sending state Compact Administrator. Within a time not to exceed two (2) business days after receipt of the ICPC priority placement request, the sending state Compact Administrator shall transmit the priority request and its accompanying documentation to the receiving state Compact Administrator together with a notice that the request for placement is entitled to priority processing.

3. The court order, ICPC-100A and supporting documentation referred to in paragraph two (2) hereof shall be transmitted to the receiving state Compact Administrator by overnight mail together with a cover notice calling attention to the priority status of the request for placement. The receiving state Compact Administrator shall make his or her determination pursuant to Article III(d) of ICPC as soon as practicable but no later than twenty (20) business days from the date the overnight mailing was received and forthwith shall send the completed 100-A by FAX to the sending state Compact Administrator.

4. (a) If the receiving state Compact Administrator fails to complete action as the receiving state prescribed in Paragraph Three (3) hereof within the time period allowed, the receiving state shall be deemed to be out of compliance with ICPC. If there appears to be a lack of compliance, the court, which made the priority order, may so inform an appropriate court in the receiving state, provide that court with copies of relevant documentation in the case, and request assistance. Within its jurisdiction and authority, the requested court may render such assistance, including the making of appropriate orders, for the purpose of obtaining compliance with this Regulation and ICPC.

(b) The foregoing shall not apply if:

(1) within two (2) business days of receipt of the ICPC priority placement request, the sending state Compact Administrator determines that

the ICPC request documentation is substantially insufficient, specifies that additional information is needed, and requests the additional documentation from the sending agency. The request shall be made by FAX, or by telephone if FAX is not available, or

(2) within two (2) business days of receipt of the ICPC priority placement request, the receiving state Compact Administrator notifies the sending state Compact Administrator that further information is necessary. Such notice shall specifically detail the information needed. For a case in which this sub-paragraph applies, the twenty (20) business day period for the receiving state Compact Administrator to complete action shall be calculated from the date of the receipt by the receiving state Compact Administrator of the information requested.

(c) Where the sending state court is not itself the sending agency, it is the responsibility of the sending agency to keep the court, which issued the priority order, informed of the status of the priority request.

5. A court order finding entitlement to a priority placement shall not be valid unless it contains an express finding that one or more of the following circumstances applies to the particular case and sets forth the facts on which the court bases its finding:

(a) the proposed placement recipient is a relative belonging to a class of persons who, under Article III(a) of ICPC could receive a child from another person belonging to such a class, without complying with ICPC and; (1) the child is under two (2) years of age; or (2) the child is in an emergency shelter; or (3) the court finds that the child has spent a substantial amount of time in the home of the proposed placement recipient.

(b) the receiving state Compact Administrator has a properly completed ICPC-100A and supporting documentation for over thirty (30) business days, but the sending agency has not received a notice pursuant to Article III(d) of ICPC determining whether the child may or may not be placed.

6. Time periods in this regulation may be modified with a written agreement between the court which made the priority order, the sending agency, the receiving state Compact Administrator, and the sending state Compact Administrator. Any such modification shall apply only to the single case to which it is addressed.

7. To fulfill its obligations under ICPC, a state and its local agencies must process interstate cases no less quickly than intrastate cases and give no less attention to interstate hardship cases than to intrastate hardship cases. If in doing so a receiving state Compact Administrator finds that extraordinary circumstances make it impossible for it and its local agencies to comply with the time requirements set forth in this regulation, it may be excused from strict compliance therewith. However, the receiving state Compact Administrator shall, within two (2) business days of ascertaining inability to comply, notify the sending state Compact Administrator via FAX

of the inability to comply and shall set forth the date on or before which it will complete action. The notice shall contain a full identification and explanation of the extraordinary circumstances which are delaying compliance.

8. Unless otherwise required or allowed by this regulation, all transmittals of documents or other written materials shall be by overnight express mail carrier service.

9. This regulation shall take effect on October 1, 1996.

This regulation is adopted pursuant to Article VII of the Interstate Compact on the Placement of Children by action of the Association of Administrators of the Interstate Compact on the Placement of Children at its annual meeting on April 28, 1996, in Whitefish, MT.

NECESSARY ACTION FOR PRIORITY HOME STUDY REQUESTS

PRIORITY REQUESTS DO NOT APPLY TO SITUATIONS WHERE A COURT OR AGENCY HAS ALREADY RELEASED THE CHILD TO A RESOURCE IN THE RECEIVING STATE WITHOUT PRIOR APPROVAL BY THAT STATE IN VIOLATION OF ICPC LAW. PRIORITY REQUESTS ALSO DO NOT APPLY TO CUSTODY AND SUPERVISION CASES, WHERE THE CHILD(REN) ARE NOT CLEARLY IN THE LEGAL CUSTODY OF THE LOCAL COMMISSIONER OF SOCIAL SERVICES.

I. LOCAL DISTRICT ACTION TO REQUEST ICPC PRIORITY HOME STUDY

A. COMPLIANCE WITH REQUIREMENTS AS SET FORTH IN ICPC REGULATION NO. 7

1. Whenever a court determines that a proposed priority placement of a child from one state to another state is necessary, the court must make and sign an order containing that finding.

A court order specifically ordering a priority placement, thereby resulting in the need for a priority home study, is not valid unless it contains an express finding that one or more of the following circumstances applies to the particular case and sets forth the facts on which the court bases its finding:

(a) The proposed placement resource is a relative within those specified under Article VIII of ICPC: parent, step-parent, grandparent, adult brother, adult sister, uncle or aunt; AND

(1) the child is under two (2) years of age;

OR

(2) the child is currently in emergency shelter;

OR

(3) the court finds that the child has spent a substantial amount of time in the home of the proposed placement recipient

(b) A court order specifically ordering the ICPC priority home study containing express findings that the receiving state Compact Administrator already has a properly completed ICPC-100A and supporting documentation for over thirty (30) business days, but the sending (requesting) agency has not yet received a notice pursuant to Article III of ICPC determining whether the child may or may not be placed (ICPC approval or disapproval).

2. To comply with the requirements of the ICPC Regulation for requesting a priority home study, the social services district will need to do the following:

(a) The following documents need to be submitted:

(1) Court order specified in 1(a) above (3 copies);

(2) Cover letter describing case plan, reason for out-of-state Priority request (3 copies);

- (3) ICPC 100A form (5 copies);
- (4) Sending State Priority Home Study Request Form (ICPC 101) (3 copies);
- (5) Certification of Title IV-E Eligibility for Medicaid (only for foster care/adoption placements, not for placement with a parent) (3 copies);
- (6) DSS 4251 Financial and Medical Plan (3 copies);
- (7) Social Summary for each child (3 copies); and
- (8) Current court order showing the child to be in the legal custody of the Commissioner of Social Services (3 copies).

(b) For proper submission of materials, the social services district will need to do the following:

(1) submit materials to the Department's ICPC Office in Albany via overnight express mail carrier (e.g. UPS, FED EX). THE MATERIAL MAY NOT BE FAXED.

(2) clearly indicate that the request is a priority request.

Within two (2) business days, the Department's ICPC office in Albany will send all properly completed and documented ICPC priority home study requests to the appropriate receiving State's ICPC office by overnight mail.

NOTE: If the priority request is incomplete, and/or forms are incorrectly completed, the entire request will be returned to the requesting social services district without action.

## II. LOCAL DISTRICT ACTION UPON RECEIPT OF A PRIORITY HOME STUDY REQUEST

### A. COMPLIANCE WITH THE REQUIREMENTS AS SET FORTH IN ICPC REGULATION NO. 7

1. Review the priority home study request and assign to the appropriate unit/worker immediately to assure the completion of the priority home study within the required 20 business day period.

2. Notify the Department's ICPC office immediately by telephone at (518) 473-1591/474-8592 regarding the identity and telephone number of the unit/worker assigned responsibility for completing the priority home study.

3. Contact the proposed resource and complete the ICPC 102 Priority Home Study.

4. Review/approve the home study and recommendation.

5. Fax completed ICPC 102 Priority Home Study to the Department's ICPC office (518-486-6326) by the date specified in the priority home study request.

ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE  
COMPACT ON THE PLACEMENT OF CHILDREN

ICPC-101  
August 1996

SENDING STATE  
PRIORITY HOME STUDY REQUEST

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: S, M, Sep., D, W Living With \_\_\_\_\_  
(circle one) (name of person)

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

Telephone Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

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

Alternate Contact Name & Address: \_\_\_\_\_

ASSESSMENT OF CHILD

Case Plan Attached: yes no Financial/ Medical Plan attached: yes no  
(circle one) (circle one)

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

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

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

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

Other required pertinent information regarding child and family will follow: yes no  
(circle one)

Worker's Name \_\_\_\_\_ (please print) \_\_\_\_\_ (Tel. #) \_\_\_\_\_

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

Supervisor's Signature \_\_\_\_\_ (date) \_\_\_\_\_ (Tel. #) \_\_\_\_\_

(\*) 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.



ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE  
COMPACT ON THE PLACEMENT OF CHILDREN

ICPC-102  
August 1996

RECEIVING STATE'S  
PRIORITY HOME STUDY  
(Each section must be completed)

Name of Child(\*) to be placed \_\_\_\_\_ Age \_\_\_\_\_ Sending State \_\_\_\_\_  
Ethnic Group \_\_\_\_\_ DOB \_\_\_\_\_

Dates of telephone contact \_\_\_\_\_ Dates of Home Visits \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSED CARETAKER/SPOUSE

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Tel. #s (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

Marital Status: M S Sep. D W Living With: Name \_\_\_\_\_  
(circle one)

Caretaker/Spouse: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

YOU MUST SUBMIT INCOME VERIFICATION

Income: \$ \_\_\_\_\_ yearly \_\_\_\_\_ monthly \_\_\_\_\_ bi-weekly \_\_\_\_\_ weekly  
(circle one)

Head of Household: \_\_\_\_\_ (Name on rent receipts, utility bills, etc.)

Number of Members in Household: \_\_\_\_\_

Relationship to proposed caretaker: \_\_\_\_\_

Length of relationship (if not marital): \_\_\_\_\_

Relationship of proposed caretaker to child: \_\_\_\_\_  
\_\_\_\_\_

Reason for wanting to care for children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(\*) 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.

How did you hear about child's situation? \_\_\_\_\_

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Do you understand the situation that caused this request? \_\_\_\_\_

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Ability to protect child from offender: \_\_\_\_\_

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Willingness to provide care (Time-limited?) (Open-ended?) \_\_\_\_\_

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Appropriateness of child care plans: \_\_\_\_\_

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Forms of discipline \_\_\_\_\_

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Is present income adequate? \_\_\_\_\_

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Willingness (ability) to care for child without financial help: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Willingness to accept/apply for AFDC? Yes \_\_\_\_\_ No \_\_\_\_\_

Requests Foster Care benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Willingness to undergo licensure? Yes \_\_\_\_\_ No \_\_\_\_\_

SPECIAL NEEDS

Ability of caretaker, community, schools to meet child/ren's special needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER ADULTS IN HOUSEHOLD

(List separately/Use additional sheet to list household members if needed)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Relationship to proposed caretaker: \_\_\_\_\_

Relationship to child to be placed: \_\_\_\_\_

Attitude towards placement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER CHILDREN IN HOUSEHOLD (List separately)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Relationship to proposed caretaker: \_\_\_\_\_

Relationship to child to be placed: \_\_\_\_\_

Attitude towards placement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School progress/problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous contacts with Public/Social Service Agencies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLEARANCES (in accordance with receiving state law)

Law Enforcement/child abuse and neglect clearances for all household members who have reached the age of majority.

Police: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Abuse and neglect: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family known to Public/Social Services Agencies (if yes, please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEALTH

Proposed caretaker and other family members state that they are in basic, good health & free of communicable diseases:

Yes \_\_\_ No \_\_\_

HOME and COMMUNITY

Adequacy of space:

\_\_\_\_\_

\_\_\_\_\_

Will the child have his/her own bed? yes no Closet Space? yes no  
(circle one) (circle one)

Will the child share a bedroom? yes no (if yes, list names[s] below)  
(circle one)

With whom? \_\_\_\_\_

\_\_\_\_\_

Housekeeping Standards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Viewed potential hazards, safety problems (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appropriateness of neighborhood: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proximity to schools, medical services, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AREA OF CONCERN

Did you visualize or anticipate any potential problem areas with this case (explain)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE PLAN FROM SENDING STATE

Is the submitted case plan suitable/adequate for this proposed placement?  
yes no (if no, explain below)  
(circle one)

Do you have any recommended changes in the case plan or goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions, limitations, you would place on the proposed family, the court, the placing agency? \_\_\_\_\_

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Financial/Medical Plan from Sending State: is it adequate for this child?  
yes no (if no, explain below)  
(circle one)

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STUDY NARRATIVE

Discuss any areas which cannot be addressed by this abbreviated study. Please expand or expound on any area which needs clarification. \_\_\_\_\_

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Workers Recommendations: For Placement \_\_\_\_\_ Against Placement \_\_\_\_\_  
(explain below)

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Comments (if appropriate): \_\_\_\_\_

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Please list conditions, if any, for placement to occur: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Worker: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
(please print) (please print)

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Tel. # \_\_\_\_\_ Tel. # \_\_\_\_\_

REFERENCES

	Made Contact	Positive	Negative
	(yes)	(no)	(please explain below)
Name _____	_____	_____	_____
Address _____	_____	_____	_____
City/State/Zip _____	_____	_____	_____
Telephone (home) _____	_____	_____	_____
(work) _____	_____	_____	_____
 Name _____	 _____	 _____	 _____
Address _____	_____	_____	_____
City/State/Zip _____	_____	_____	_____
Telephone (home) _____	_____	_____	_____
(work) _____	_____	_____	_____
 Name _____	 _____	 _____	 _____
Address _____	_____	_____	_____
City/State/Zip _____	_____	_____	_____
Telephone (home) _____	_____	_____	_____
(work) _____	_____	_____	_____