

EXHIBIT 600.17-B

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

Family Independence Agency

1CPC - 100B

TO: (Name and Address of Compact Administrator)

FROM: (Name and Address of Reporting ICPC Admin.)

IDENTIFYING INFORMATION

Child's Name

Birth Date

Mother's Name

Father's Name

Name of Placement Resource

PLACEMENT STATUS

Placement Request Withdrawn: ☐ YES ☐ NO

Date Withdrawn

☐ Initial Placement With: Name

Placement Date

Address

Type of Care

☐ Placement Change: ☐ Name

Date

☐ Address☐ Type of Care

COMPACT TERMINATION

Reason:

☐ Adoption Finalized☐ In Sending State☐ In Receiving State☐ Child Reached Majority / Legally Emancipated☐ Legal Custody and / or Guardianship Awarded and / or Returned to:

Name: _____

Relationship: _____

☐ Treatment Completed☐ Sending State's Jurisdiction Terminated☐ Child Returned to Sending State☐ Unilaterally☐ Approved Resource Will Not Be Used For Placement☐ Other (Specify): _____

Date of Termination: _____

SIGNATURES

Person / Agency Supplying Information

Date

Reporting Compact Administrator or Alternate

Date

AUTHORITY: Public Act 114 of 1984.

COMPLETION: Required.

PENALTY: Sending / Receiving Agency could lose their license.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, 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 an FIA office in your county.

DISTRIBUTION:

Complete four (4) copies of this form

Sending agency retains one (1) copy and forward three (3) copies to:

Sending Compact Administrator retains one (1) copy and forwards two (2) copies to:

Receiving Compact Administrator retains one (1) copy, forwards one (1) copy to the receiving agency.

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