

# Out-of-State Placement Policy Unit

## ICPC Public STRTP Placement Request Tool

- Probation** (600- Ward)  
 **Social Services** (300- Dependent)

- Education**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sending Agency: \_\_\_\_\_

Placement Worker\*: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email\* \_\_\_\_\_

Proposed Placement Facility: \_\_\_\_\_ State: \_\_\_\_\_

\*Individual who the approved 100A and 100B forms should be sent to\*

### CHECKLIST FOR COMPLETE ICPC PLACEMENT REQUEST PACKET

More information about each document can be found on page 2 of this checklist.

- ICPC-100A FORM \_\_\_\_\_
- COURT ORDER OR OTHER AUTHORITY TO PLACE (signed and/ or stamped by the judge) \_\_\_\_\_
- CURRENT CASE HISTORY (dated within 6 months) \_\_\_\_\_
- SERVICE (CASE) PLAN including:  Monthly face-to-face visitation p. \_\_\_ and :  Disruption Agreement p. \_\_\_
- TRANSITIONAL INDEPENDENT LIVING PLAN (TILP starting at 15.5) \_\_\_\_\_
- PLACEMENT RECOMMENDATION (MDT/CFT or IEP) \_\_\_\_\_
- FINANCIAL AND MEDICAL PLAN  Title IV-E eligibility verification  Financial Plan  Medical Plan \_\_\_\_\_
- TITLE IV-E DETERMINATION PAPERWORK, IF YOUTH IS IV-E (FC 2 AND FC 3 FORM)
- FACILITY ACCEPTANCE LETTER \_\_\_\_\_
- ICPC- 100B FORM submit to the OSPPU upon placement **and** if/when there is a change in the placement status

### SUBMITTING ICPC CASES

1. Submit one complete packet containing all required documents
2. Documents shall be fully completed, signed, and dated within the last 6 months.
3. Email completed packet to: [ICPC@dss.ca.gov](mailto:ICPC@dss.ca.gov)

**For additional questions please contact the Out-of-State Placement Policy Unit (OSPPU)**

**Phone: (916) 651-8100 Email: [ICPC@dss.ca.gov](mailto:ICPC@dss.ca.gov)**

**ICPC- 100A FORM** fully completed, signed, and dated

**COURT ORDER OR OTHER AUTHORITY TO PLACE** Court order findings must be signed and/or stamped by the judge and include the following language:

**(Pursuant to Family Code 7910 and 7911.1; Welfare & Institutions Code 361.21; 727.1)**

1. The out-of-state residential facility, as defined in Family Code section 7910(b)(2), is licensed or certified for placement of children by the authorities of the state in which the facility is located;
2. The out-of-state residential facility, as defined in Family Code section 7910(b)(2), is exempt, under subdivision (h) of Family Code section 7911.1, from the certification requirements described in Family Code section 7911.1;
3. The county agency has met its responsibilities under WIC section 4096; and
4. The county agency has demonstrated that in-state facilities or programs are unavailable or inadequate to meet the needs of the child, NMD, or minor ward

**CURRENT CASE HISTORY** including custodial and social history, chronology of court involvement, social dynamics and a description of any special needs of the child. (i.e. Status Review Report, Disposition Report). Must be consistent with the placement request. Do not include ENTIRE case history, only the most recent.

**SERVICE (CASE) PLAN** a copy of the child's case or service plan, should be consistent with placement. Must include a statement that the parent or legal guardian, and the minor have had the opportunity to participate in the development of the case plan, review, sign and receive a copy and or why the parent or legal guardian, and the minor was not able to participate or sign the case plan. (see Welf. & Inst. Code §§ 706.6(o)(2) & 16501.1(f)(12)).

**MONTHLY VISITATION** all children in residential facilities by county welfare or probation departments shall be visited at least monthly. (see Welf. & Inst. Code §§ 16516.5(a), ACL 98-81, MPP Section 31-320).

**PLACEMENT DISRUPTION AGREEMENT** indicating who will be responsible for the return of the child to the sending state if the child's placement is completed, disrupts, or a request is made for the child's removal and return to the sending state. This language may be included in the case plan or elsewhere.

**TRANSITIONAL INDEPENDENT LIVING PLAN (TILP)** a TILP is required for youth that are 15.5 years of age or older.

**PLACEMENT RECOMMENDATIONS** for a **Ward or Dependent** placement a Multidisciplinary Team Recommendation (**MDT**) or **Child Family Team (CFT)** for an out-of-state placement is required. MDT/CFT shall consist of participating members from county social services, county mental health, county probation, county superintendents of schools, and other members as determined by the county (see Fam Code §7911.1 (f)(1)). A county's Interagency Placement Committee, as established pursuant to MPP Section 11-402.182, may perform this assessment and placement recommendation as long as the members of this team have met the definition of a "Multidisciplinary Team" found in MPP Section 31-066.2.

**FINANCIAL AND MEDICAL PLAN** a written description of the person or entity who will be financially responsible for the child. It is expected that the medical coverage will be arranged and confirmed between the sending agency and the residential facility prior to the placement. If youth is IV-E, there must be IV-E determination paperwork. This can be documented on a FC2/FC3 form.

**FACILITY ACCEPTANCE LETTER** a letter of acceptance from the facility, signed, and dated. This provides the receiving state ICPC office with indication that the residential facility has screened the child as an appropriate placement for their facility.

**ICPC- 100B FORM** once the placement request is approved, the ICPC-100B Form must be completed and submitted to the OSPPU within 3 business days upon the child's placement **and** if/when there is a change in the placement status (i.e. child returns to CA, AWOL, etc.).