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| DCF Logo New 2012 - circle version in black only | Parent/Relative/Foster Care Checklist – OutgoingFrom Florida to another state (Regulation 1) |

**Community Based Care ICPC Transmittal form (1 copy)**

**100A – 1 copy (1 typed set for each child)**

**Section I**

Completed showing Florida is responsible for planning for child and is financially responsible for child

# Section II

Type of care requested, relative/parent/foster care

**Legal Status**

Sending Agency Custody (if this child is in foster care use this status) **or**

Protective Supervision (if this child is not in foster care use this status)

**Section III**

One block in each of the three columns checked

100A should include request for monthly supervision

**100B – 1 copy (1 typed set for each child)**

**Section I**

Complete demographics for child

# Section II

Fill out the initial placement information ONLY

# Section IV

Signature/date of person/agency supplying information ONLY

**Cover letter (1 copy)**

Identifies resource and relationship to child (must include SS number & date of birth)

Reflects what is needed from other state (ask for monthly supervision!)

Gives any special requirements resource must meet

Paragraph regarding any special medical, behavioral or psychological needs of the child as well as child’s service needs, e.g., day care.

Gives lead community based agency & contracted providers contact name/address/phone number

*If a Contract Agency, must have at beginning of letter “This request for child welfare services is being made pursuant to our contract with the Florida Department of Children and Families.”*

Packet Requirements (1 copy)

Current Social Summary on child (PDS, JRSSR or CBHA) must be signed/dated within 6 months

Current court order (dated within 6 months), shows placement and legal status of child and signed by judge (NOTE: If the review is signed by a General Magistrate, it MUST have a Judge’s signature affixed to the order.)

Order of Compliance (must be dated within 12 months)

Financial/Medical Plan form (Form 791)

Proof of IV-E Eligibility (attach copy of the signed CF-ES 2629, Notice of Case Action form)

(If Title IV-E documentation is unavailable, it must be addressed in cover letter)

Birth certificate

Case plan (must be signed/dated – if it’s not available, this must be addressed in the cover letter)

Copy of the most recent home study of the placement resource and any updates available

Copy of foster care license, certification or approval of the home

Copy of progress reports on the family unit for the last 6 months (or all progress reports if child has not yet been in their care for 6 months)

Additional information that will be required before placement can be made (1 copy):

Medical records  Social security card

Psychological evaluation on children  School reports