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| DCF Logo New 2012 - circle version in black only | Parent/Relative/Foster Care Checklist – OutgoingFrom Florida to another state (Regulation 2) |

**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

**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)

Social Summary (PDS, JRSSR or CBHA 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.)

Statement of Case Manager/Potential Placement/Party under Regulation 2 (must be signed/dated)

(Can be a separate form/affidavit OR the findings listed in Reg. 2 5(d) must be in the most current court 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.)

Proof of paternity (if home study is on father or paternal relatives)

Birth certificate

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

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

Medical records  Social security card

Psychological evaluation on children  School reports