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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