

ICPD - Interstate Compact Detail

This screen is used to enter interstate compact request information for a specific person when the worker is requesting to place the child in an out-of-state placement.

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CAFSCPD          INTERSTATE COMPACT DETAIL          09/29/2016  11:53
USER ID : C84852  MODIFY
CAPS ID : 00002060  25  NAME: ANDCHER, SONNY
PLCMT INITIATOR: PUB  PUBLIC AGENCY
SENDING STATE : MT  MONTANA          COUNTY IF MT: 25  OR CA:
RECEIVING STATE: CO  COLORADO        COUNTY IF MT: 00  OR CA:
PLANNING: CAPS ID:          OR PROV: 0005013  000
FINANCIAL RSP: CAPS ID:          OR PROV: 0005013  000
PLCMT PROV: 0005012 000  OR PERSON:          NAME: HARRISON THOMAS
ADDRESS: 6010 MILE HIGH AVE
CITY, ST ZIP: DENVER          CO 85651 -          PHONE:
TYPE OF CARE: REL          IF REL OR OTHER: MATERNAL UNCLE
IV-E (Y/N): N          IF ADOPTION, SS/RS:
FINANCIAL PLAN: FCP          IF FCP, DAILY AMT: $ 17.55
MEDICAL PLAN : ELG          ICPC LEGAL STATUS : SAC
SERVICES REQUESTED:
  INITIAL REPORT : RHS          SUPERVISORY SERVICES: RSA
  SUPERVISORY REPORTS: 0          IF OTHER: MONTHLY
RS SUPRV AGENCY: COLORADO DEPARTMENT OF CHILDREN'S SERVICES
ENCLOSED: CO HS SH OT          OTHER: EDUCATION AND MEDICAL RECORDS
SENDING AGENCY: LEWIS AND CLARK COUNTY CHILD AND FAMILY SERVICES
DATE OF REQUEST: 02/02/2011
PATH: █
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Field Descriptions (F12) indicates code lookup is available.

CAPS ID

This field will display the CAPS ID of the person who was entered on the ICPL (Interstate Compact List) screen.

NAME

This field will display the name of the person whose ID is displayed in the CAPS ID field.

PLCMT INITIATOR (F12)

Enter the person or entity initiating the placement of the child into another state.

SENDING STATE (F12)

Enter the code for the sending state. *For Montana children being placed out of state, this will always be MT – Montana.*

COUNTY IF MT (F12)

Enter the code for the county where the child resides if the sending state is Montana.

OR CA (F12)

Enter the code for the county where the child resides if the sending state is California.

RECEIVING STATE (F12)

Enter the code for the receiving state.

COUNTY IF MT (F12)

Enter the code for the county where the child is going to reside if the receiving state is Montana.

OR CA (F12)

Enter the code for the county where the child is going to reside if the receiving state is California.

PLANNING – CAPS ID (F12)

Enter the CAPS ID of the individual responsible for planning the child's placement. *This will typically be the CAPS ID of a parent.* The CAPS ID field is usually used if the parent is placing the child (outside of CFSD involvement).

OR PROV (F12)

Enter the PROV NO of the agency responsible for planning the child's placement. *Use the agency in the case where parental rights have been terminated or in situations where the parent is not the planning person.*

FINANCIAL RSP – CAPS ID (F12)

Enter the CAPS ID of the individual who is financially responsible for the child's placement. (The CAPS ID field is usually only used if the parent is placing the child (outside of CFSD involvement).

OR PROV (F12)

Enter the PROV NO of the agency who is financially responsible for the child's placement. *Use the agency in the case where parental rights have been terminated or in situations where the parent is not financially responsible for the placement.*

PLCMT – PROV (F12)

Enter the PROV NO of the provider the child is going to be placed with. *If there are going to be payable services, the placement resource must be licensed.*

OR PERSON (F12)

Enter the CAPS ID of the person the child is going to be placed with. *If there are not going to be any payable services, the placement resource does not have to be licensed.*

NAME

This field will display the name of the provider or person entered as the placement resource.

ADDRESS

This field will display the address of the provider or person entered as the placement resource.

CITY, ST, ZIP

These fields will display the city, state and zip code for the address of the provider or person entered as the placement resource.

PHONE

This field will display the phone number of the provider or person entered as the placement resource.

TYPE OF CARE (F12)

Enter the type of care the placement resource will be providing to the child.

IF REL OR OTHER

If OTH (other) or REL (relative) is entered in the TYPE OF CARE field, enter the relationship of the resource to the child for REL or the affiliation for OTH.

IV-E (Y/N)

This field will display "Y" (yes) if the child is currently IV-E eligible. This field will display "N" (no) if the child is not currently IV-E eligible.

IF ADOPTION, SS/RS

For interstate adoptions, enter "SS" if the sending state is to finalize the adoption or "RS" if the receiving state is to finalize the adoption.

FINANCIAL PLAN (F12)

Enter the appropriate (up to five) financial plan for the placement of the child.

IF FCP, DAILY AMT

If FCP (Entitled to Receive Foster Care Payments from Sending State) is selected in the FINANCIAL plan field, enter the daily rate for the service that is going to be provided.

MEDICAL PLAN (F12)

Enter the appropriate (up to four) medical plan for the placement of the child.

ICPC LEGAL STATUS (F12)

Enter the current legal status of the child.

SERVICES REQUESTED – INITIAL REPORT (F12)

Enter the type of home study requested, if a home study is necessary prior to placement.

SERVICES REQUESTED – SUPERVISORY SERVICES (F12)

Enter the agency that will be providing supervision of the child's placement.

SERVICES REQUESTED – SUPERVISORY REPORTS (F12)

Enter how often you would like to receive supervisory reports on the child's placement. *Since policy requires face-to-face contact on a monthly basis, you can select "other" or "upon request" and then enter "MONTHLY" in the IF OTHER field.*

SERVICES REQUESTED – IF OTHER (F12)

If "O" (other) is selected in the SUPERVISORY REPORTS field, enter how often supervisory reports need to be provided.

RS SUPRV AGENCY

Enter the name of the supervisory agency in the receiving state.

ENCLOSED (F12)

Enter any enclosures (up to five) that are being submitted with the interstate compact application.

OTHER

If "OT" (other) is selected in the ENCLOSURES field, enter what the other enclosures are.

SENDING AGENCY

Enter the name of the supervisory agency in the sending state.

DATE OF REQUEST

Enter the date the interstate compact request is being initiated.

Additional Information

Out of state requests for placement in Montana will be entered by Central Office staff. Coordination for home studies, licensing or courtesy supervision will be arranged through Central Office with the county where the client will be placed.

Interstate compact forms are located in the DocGen system. The associated CAPS screens must be filled in before accessing DocGen to generate the documents.