

State of Illinois  
Department of Children and Family Services

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN  
ACKNOWLEDGEMENT FORM  
MANDATED CHECKLIST PER ICPC REGULATION 2**

Child ID Number: \_\_\_\_\_

Caregiver Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of People in the Home:      Adults: \_\_\_\_\_      Children: \_\_\_\_\_

Age and Gender of Children: \_\_\_\_\_

\_\_\_\_\_ I confirm the potential **placement resource is interested** in being a placement resource for the child and is willing to cooperate with the ICPC process.

\_\_\_\_\_ I am including the **name and correct physical and mailing address** of the placement resource and all available telephone numbers and other contact information for the potential placement resource.

\_\_\_\_\_ I am including the **number of bedrooms** in the home of the placement resource under consideration and the number of people, including children, who will be residing in the home.

\_\_\_\_\_ I am confirming the potential placement resource acknowledges that he/she has **sufficient financial resources** or will access financial resources to feed, clothe, and care for the child.

\_\_\_\_\_ I confirm the **placement resource understands a criminal records and child abuse history check** will be completed for any persons residing in the home required to be screened under the laws of the receiving state.

\_\_\_\_\_  
Caseworker Name (please print)

\_\_\_\_\_  
Caseworker Signature:

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_