

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
406 East Monroe Street
Springfield, Illinois 62701-1498

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS
(This form notifies Other State of placement or termination.)

TO RECEIVING STATE	FROM SENDING STATE ILLINOIS
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IDENTIFYING INFORMATION

Child's Name	DCFS I.D. #	Birthdate
Mother's Name	Father's Name	

PLACEMENT STATUS

<input type="checkbox"/> Out of State Name _____ Address _____ Type of Care _____	Departure Date _____ PAY: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No IL Provider I.D. # _____
<input type="checkbox"/> Placement Change Name _____ Address _____	Date _____

***REASON FOR COMPACT TERMINATION**

<input type="checkbox"/> Approved Resource Will Not Be Used	Date of Termination _____
<input type="checkbox"/> Placement Request Withdrawn	
<input type="checkbox"/> Ward Returned to Illinois	Date _____
<input type="checkbox"/> Reached Majority/Legally Emancipated	
<input type="checkbox"/> Treatment Completed	
<input type="checkbox"/> Sending State's jurisdiction Termination	
<input type="checkbox"/> Unilateral Dismissal (Without Receiving State's Concurrence)	
<input type="checkbox"/> Guardianship Awarded To: Name _____ Relationship _____ Subsidized <input type="checkbox"/> Yes <input type="checkbox"/> No Court Order Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Adoption Finalized <input type="checkbox"/> In Sending State <input type="checkbox"/> In Receiving State <input type="checkbox"/> Adoption Assistance Agreement (Part C)	

***Complete this section upon APPROVED closure ONLY**

Signature of DCFS or Agency Staff Person Supplying Information	Date
Signature of Reporting compact Administrator or Alternate	Date

COMPLETE FOUR (4) COPIES OF THIS FORM.
SENDING AGENCY RETAINS ONE (1) COPY AND FORMS THREE (3) COPIES TO:
SENDING COMPACT ADMINISTRATOR RETAINS ONE (1) COPY AND FORWARDS TWO COPIES TO:
RECEIVING COMPACT ADMINISTRATOR RETAINS ONE (1) COPY AND FORWARDS ONE (1) COPY TO THE RECEIVING AGENCY.