

Parent/Relative/Foster Care Checklist – Outgoing From Florida to another state (Regulation 1)

THE ENGLISHED COM	
Community Based Care ICPC Tra	`
■ 100A – 1 copy (1 typed set for each	h child)
Section I	
Completed showing Flor for child	ida is responsible for planning for child and is financially responsible
Section II	
Type of care requested,	relative/parent/foster care
Legal Status	
Sending Agency Custod	y (if this child is in foster care use this status) or
Protective Supervision (i	f this child is not in foster care use this status)
Section III	
\square One block in each of the	three columns checked
100A should include req	uest for monthly supervision
100B - 1 copy (1 typed set for each	h child)
Section I	
Complete demographics	for child
Section II	
Fill out the initial placeme	ent information ONLY
Section IV	
Signature/date of persor	n/agency supplying information ONLY
☐ Cover letter (1 copy)	
Identifies resource and relations	hip to child (must include SS number & date of birth)
Reflects what is needed from ot	her state (ask for monthly supervision!)
Gives any special requirements	resource must meet
	Il medical, behavioral or psychological needs of the child as well as
child's service needs, e.g., day	
	ency & contracted providers contact name/address/phone number
	e at beginning of letter "This request for child welfare services is ntract with the Florida Department of Children and Families."
Packet Requirements (1 copy)	
·	d (PDS, JRSSR or CBHA) must be signed/dated within 6 months
Current court order (dated within	n 6 months), shows placement and legal status of child and signed by
	by a General Magistrate, it MUST have a Judge's signature affixed to the order.)
Order of Compliance (must be d	•
Financial/Medical Plan form (Fo	•
(If Title IV-E documentation is unavailal	opy of the signed CF-ES 2629, Notice of Case Action form) ole, it must be addressed in cover letter)
Birth certificate	
	d – if it's not available, this must be addressed in the cover letter)
<u> </u>	study of the placement resource and any updates available
	ification or approval of the home
Copy of progress reports on the not yet been in their care for 6 r	family unit for the last 6 months (or all progress reports if child has months)
Additional information that will be re	equired before placement can be made (1 copy):
Medical records	Social security card
Psychological evaluation on childre	
	<u> </u>