

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<br><b>ILLINOIS</b> |
|--------------------|---------------------------------------|

**IDENTIFYING INFORMATION**

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

**PLACEMENT STATUS**

|  |   |
|--|---|
| <input type="checkbox"/> Out of State<br>Name _____<br>Address _____<br>Type of Care _____ | Departure Date _____<br>PAY: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No<br>IL Provider I.D. # _____ |
| <input type="checkbox"/> Placement Change<br>Name _____<br>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 Placement Request Withdrawn   |                           |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:<br>Name _____ Relationship _____<br>Subsidized <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br><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 FORWARDS 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.