

STATEMENT OF UNDERSTANDING
Regarding Regulation 2 for ICPC Requests

Lucas County Children Services caseworker, _____, verified on _____ the information below
with _____

1) _____ has/have expressed interest in becoming a placement resource,
and is/are willing to cooperate with the ICPC process for placement of the following child(ren):

2) The correct physical and mailing address, along with all available phone numbers has been verified, as follows:
****Include mailing address, if different from physical address*

Placement Resource 1: Race: Home phone: Cell phone: Work phone: Other phone: DOB: SSN:	Placement Resource 2: Race: Home phone: Cell phone: Work phone: Other phone: DOB: SSN:
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3) The number and type of bedrooms in the residence can accommodate the child(ren), as listed below:

Bedrooms _____
Adults residing in the home _____
Children residing in the home (including children to be placed) _____

Type of bedrooms or additional comments: _____

4) _____ has/have been verified to have sufficient financial resources to
feed, clothe and care for the child(ren), including child care, if needed.

5) Caseworker verified _____ acknowledge(s) that a criminal record and
child abuse history check would be completed on any persons residing in the home, to be screened under the law of the
receiving State.

(Caseworker's Signature)

(Date)

Lucas County Children Services
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