

**AGREEMENT BY AND AMONG
THE STATE OF NEW YORK OFFICE OF CHILDREN AND FAMILY SERVICES,
THE CITY OF NEW YORK ADMINISTRATION FOR CHILDREN’S SERVICES, AND
THE STATE OF NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES
FOR TEMPORARY EMERGENCY PLACEMENTS**

THIS AGREEMENT (the “Agreement”) is made as of November 9, 2020 (the “Effective Date”), by and among the State of New York (“New York”), acting through the New York State Office of Children and Family Services (“OCFS”), with a location at 52 Washington Street, Rensselaer, New York 12144, the City of New York, acting through its Administration for Children’s Services (“ACS”), with a location at 150 William Street, New York, New York 10038, and the State of New Jersey (“New Jersey”), acting through the New Jersey Department of Children and Families (“DCF”), with a location at 50 E. State Street, Trenton, New Jersey 08608.

RECITALS

WHEREAS, New York and New Jersey have identified a need to facilitate the temporary emergency placement across state boundaries (“Temporary Emergency Placement”) of children and youth who are subject to child protective services (each a “Child”);

WHEREAS, New York and New Jersey seek to make Temporary Emergency Placements of Children within the other state, pending the completion of a full home study under the Interstate Compact on the Placement of Children (“ICPC”), codified at N.Y. Soc. Serv. Law § 374-a and N.J. Stat. Ann. § 9:23-5;

WHEREAS, New York and New Jersey, seeking to promote the best interests of Children, wish to clearly define procedures for conducting Temporary Emergency Home Assessments (as defined, below), to maximize safety during Temporary Emergency Placements;

WHEREAS, New York and New Jersey believe this Agreement will further the purposes of the ICPC and promote the best interests of Children and their families,

NOW, THEREFORE, the parties agree as follows:

AGREEMENT

A. Definitions

1. Unless otherwise defined herein, terms used in this Agreement have the meanings given to them in the ICPC. If not expressly defined in the ICPC or this Agreement, a term has its ordinary meaning in English usage. Terms used in the singular are deemed to include the plural and vice versa.
2. For the purposes of this Agreement, the following capitalized terms have the meanings given to them in this Section:
 - a. “Cross-Jurisdictional Resource” means the individual in the Receiving State, whom the Sending State has identified, pursuant to the Sending State Placement Policy (as defined, below), as potentially eligible to care for a Child during a Temporary Emergency Placement.

- b. “Receiving State” has the meaning set forth in the ICPC, Article II. For the purposes of this Agreement, and as between New York and New Jersey, “Receiving State” means the state in which a Sending State is seeking the possible Temporary Emergency Placement of a Child.
- c. “Receiving Agency” means the child protective agency in the Receiving State responsible for the Temporary Emergency Home Assessment (as defined, below) and subsequent supervision. In New York, “Receiving Agency” means ACS. In New Jersey, “Receiving Agency” means DCF’s Division of Child Protection and Permanency.
- d. “Receiving State ICPC Office” means the central ICPC office of the state considering acceptance of a Child for Temporary Emergency Placement. In New York, “Receiving State ICPC Office” means OCFS. In New Jersey, “Receiving State ICPC Office” means DCF’s Office of Interstate Services.
- e. “Receiving State Placement Policy” means, when the Receiving State is New Jersey, the policy set forth in N.J. STAT. ANN. § 30:4C-26.9 and N.J. ADMIN. CODE §§ 3A:11-1.3 and 3A:51-1.3, or any successor policy; and when the Receiving State is New York, the policy set forth in 18 N.Y. COMP. CODES R. & REGS. §§ 443.1 and 443.7, or any successor policy.
- f. “Sending State” means, as between New York and New Jersey, the state that is seeking the Temporary Emergency Placement of a Child.
- g. “Sending Agency” has the meaning set forth in the ICPC, Article II. For the purposes of this Agreement, in New York, “Sending Agency” means ACS; and in New Jersey, “Sending Agency” means DCF’s Division of Child Protection and Permanency.
- h. “Sending State ICPC Office” means the central ICPC office of the state referring a Child for Temporary Emergency Placement. In New York, “Sending State ICPC Office” means OCFS. In New Jersey, “Sending State ICPC Office” means DCF’s Office of Interstate Services.
- i. “Sending State Placement Policy” means, when the Sending State is New Jersey, the policy set forth in N.J. STAT. ANN. § 30:4C-26.9 and N.J. ADMIN. CODE §§ 3A:11-1.3 and 3A:51-1.3, or any successor policy; and when the Sending State is New York, the policy set forth in 18 N.Y. COMP. CODES R. & REGS. §§ 443.1 and 443.7, or any successor policy.
- j. “Temporary Emergency Home” means the residential dwelling place of the Cross-Jurisdictional Resource, where the Receiving Agency will perform a Temporary Emergency Home Assessment (as defined, below).

- k. “Temporary Emergency Home Assessment” means an investigation, evaluation, and written report (in the form of the Temporary Emergency Home Assessment Form, attached to and made part of this Agreement as Exhibit A) on the prospective Temporary Emergency Placement, including one or more interviews with the Cross-Jurisdictional Resource, other members of the Cross-Jurisdictional Resource’s household, on-site inspection of the proposed Temporary Emergency Home and immediate vicinity, and all clearances required by the Receiving Agency’s policy governing Emergency Placements or Presumptive Eligibility criteria.
- l. “Temporary Emergency Placement Referral Form” means the document used by the Sending Agency to make a request to the Receiving Agency for a Temporary Emergency Home Assessment of a Cross-Jurisdictional Resource for the purposes of placement of a child, the form of which is attached to and made part of this Agreement as Exhibit B.

B. Geographic Scope. This Agreement applies to Temporary Emergency Placements in the following counties of New York and New Jersey:

1. New York Counties
 - a. Bronx County
 - b. Kings County
 - c. New York County
 - d. Queens County
 - e. Richmond County
2. New Jersey Counties
 - a. Bergen County
 - b. Essex County
 - c. Hudson County
 - d. Middlesex County
 - e. Union County

C. Procedures for Initiating Temporary Emergency Placement

1. The Sending Agency must complete a Temporary Emergency Placement Referral Form, including the signed attestation that the Sending Agency caseworker has spoken to the Cross-Jurisdictional Resource, and that the Cross-Jurisdictional Resource has expressed interest in pursuing a Temporary Emergency Placement. The Sending Agency must send the Temporary Emergency Placement Referral Form and all available supporting documents (e.g. any Individual Education Program forms, psychosocial reports, family history reports, court reports, etc...) to the Sending State ICPC Office, the Receiving State ICPC Office, and the Receiving Agency.

2. Upon receipt of the Temporary Emergency Placement Referral Form, the Receiving Agency must acknowledge receipt and as soon as practicable initiate a Temporary Emergency Home Assessment pursuant to the procedures set forth in Section D, below.

D. Temporary Emergency Home Assessment

1. Within seven (7) business days after receiving the Temporary Emergency Placement Referral Form, the Receiving Agency must:
 - a. Conduct a Temporary Emergency Home Assessment of the identified Cross-Jurisdictional Resource and the Temporary Emergency Home using the Receiving State Placement Policy;
 - b. Complete a Temporary Emergency Home Assessment Form, including one of the following recommendations:
 - i.) Approval. The Receiving State permits the Temporary Emergency Placement of the Child pending the outcome of a full ICPC home study.
 - ii.) Deferral. The Receiving State denies the Temporary Emergency Placement of the Child. Deferral of a Temporary Emergency Placement does not in any way prejudice the rights of a Sending State to make an ICPC placement request pursuant to the ICPC.
 - c. Submit the Temporary Emergency Home Assessment Form and supporting documentation to the Sending Agency, Receiving State ICPC Office, and Sending State ICPC Office.
2. The Temporary Emergency Home Assessment must, at a minimum:
 - a. Assess the Temporary Emergency Home for appropriateness for placement, as well as any risk factors, and document this information;
 - b. Document information regarding the Cross-Jurisdictional Resource and other residents in the home, and their capacity to support the Child during a Temporary Emergency Placement;
 - c. Document results of local clearances on all adults residing in the Temporary Emergency Home, including local child abuse registry check results and local criminal background checks;
 - d. Verify the Cross-Jurisdictional Resource's understanding of the terms of the proposed Temporary Emergency Placement, including support for any special needs of the child and potential need for transportation of the child to engage in services during the Temporary Emergency Placement period;
 - e. Determine the impact of Temporary Emergency Placement with this Cross-Jurisdictional Resource on the safety and well-being of the Child, and conclude whether or not such a placement would be appropriate;
 - f. State the reason for approval or deferral of the Temporary Emergency Placement, and any terms or conditions for the decision; and
 - g. Include appropriate authorizing signatures.

3. Upon deciding to approve or defer a Temporary Emergency Placement, the Receiving Agency must immediately communicate that decision to the Sending Agency, Sending State ICPC Office and Receiving State ICPC Office. The Receiving Agency must transmit a copy of the Temporary Emergency Home Assessment, including attachments and signatures, to each of the above three parties within one (1) business day.

E. Temporary Emergency Placement

1. Within five (5) business days after the Receiving Agency approves a Temporary Emergency Placement and communicates such approval to the Sending Agency pursuant to Section D, above, the Sending Agency must either (a) transport the Child to the Temporary Emergency Home for Temporary Emergency Placement or (b) notify the Receiving Agency, Sending State ICPC Office and Receiving State ICPC Office that the Sending Agency no longer plans to make a Temporary Emergency Placement pursuant to this Agreement. The Sending Agency must notify the Receiving Agency, Sending State ICPC Office and Receiving State ICPC Office, when it has so placed the Child.
2. If, however, the Sending Agency has made an emergency removal of a Child without a court order, and the Receiving Agency approves the Temporary Emergency Placement of the Child, the Sending Agency may not make a Temporary Emergency Placement of the Child unless and until the Sending Agency receives a court order granting custody of the child to, or court ordered supervision by, the Sending Agency, and transmits such court order to the Receiving Agency, Receiving State ICPC Office and Sending State ICPC Office. In such cases, within five (5) business days after the Sending Agency has transmitted the relevant court order to the Receiving Agency, Receiving State ICPC Office and Sending State ICPC Office, the Sending Agency must either (a) transport the Child to the Temporary Emergency Home for Temporary Emergency Placement or (b) notify the Receiving Agency, Sending State ICPC Office and Receiving State ICPC that the Sending Agency no longer plans to make a Temporary Emergency Placement pursuant to this Agreement.

F. Temporary Emergency Placement Supervision and Responsibilities

1. Once the Sending Agency has made a Temporary Emergency Placement of a Child, the Receiving Agency must initiate supervision and assistance with service referrals within seven (7) business days.
2. The Receiving Agency must perform supervisory visits according to its minimum casework standards.
3. The Receiving Agency must provide monthly supervision reports during the Temporary Emergency Placement period using the Supervision Report – 30-Day Form, attached to and made part of this Agreement as Exhibit C.
4. The Sending Agency must maintain financial and medical responsibility for the Child as detailed on the Temporary Emergency Home Assessment Form throughout the Temporary Emergency Placement, including subsidy payments and Medicaid when applicable.

G. Initiation of Full ICPC Home Study. Upon the Receiving State’s approval of the Temporary Emergency Placement and the Temporary Emergency Placement of a Child with the Cross-Jurisdictional Resource, the Sending State ICPC Office must complete and transmit the full ICPC request to the Receiving State ICPC Office within fifteen (15) business days. Where the Sending State is New York and the Sending State ICPC Office is OCFS, ACS must complete and submit the ICPC request to OCFS within ten (10) business days of the Receiving State’s approval of the Temporary Emergency Placement, to enable OCFS to review and submit the full ICPC request to DCF’s Office of Interstate Services within the fifteen (15) business day limit.

H. Change in Temporary Emergency Placement Approval Status

1. If at any time during the Temporary Emergency Placement, the Receiving Agency determines that a previously approved Temporary Emergency Home may no longer be appropriate for Temporary Emergency Placement of a Child for reasons other than imminent risk or the best interests of the child, a liaison designated by the Receiving Agency (the “Receiving Agency Liaison”) must convene a conference (the “Status Conference”) with one or more representatives from the Sending Agency child protective team, one or more representatives from the Receiving Agency home supervision team, and a liaison designated by the Sending Agency (the “Sending Agency Liaison”). Status Conferences may be convened in person, by telephone, by videoconference, or by any other means agreeable to the participants.
2. Participants in the Status Conference must determine, on a case-by-case basis and using the standards applicable in each state, whether continued placement in the Temporary Emergency Home would be in the best interests of the Child.
3. If, after careful consideration of known, relevant factors, the Receiving Agency Liaison determines that continued Temporary Emergency Placement would not be in the best interests of the Child and that placement should not continue, the Receiving Agency must notify all Status Conference participants, the Receiving State ICPC Office and Sending State ICPC Office of such determination.
4. As soon as practicable upon receiving such notice, the Sending Agency must petition an appropriate court with jurisdiction over the Child for return of the Child to the Sending State. Upon receiving a court order for return of the Child, the Sending Agency must transport the Child to an appropriate placement in the Sending State. If the court refuses to order return of the Child to a placement in the Sending State, the Receiving Agency must close the case and terminate supervision.

I. Termination of the Temporary Emergency Placement

1. Notwithstanding Section H, above, if at any time during the Temporary Emergency Placement, the Receiving Agency determines that a Temporary Emergency Placement places the Child in imminent risk or is contrary to the best interests of the Child, the Receiving Agency must notify the Receiving State ICPC Office, Sending Agency, and Sending State ICPC Office that the Receiving State’s approval of the Temporary Emergency Placement is no longer in effect.

2. Where a Receiving State determines the Child is at imminent risk and requires immediate removal from the home, the Receiving State may take emergency custody and temporary jurisdiction of the child, provided, however that primary jurisdiction over the Child remains with the Sending State. The Sending State must take all necessary actions to bring the Child back to the Sending State as soon as possible, and in no event later than seven (7) days.
3. As soon as practicable upon receiving notice that the Receiving State's approval of the Temporary Emergency Placement is no longer in effect, the Sending Agency must petition an appropriate court with jurisdiction over the Child for return of the Child to the Sending State. Upon receiving a court order for return of the Child, the Sending Agency must transport the Child back to an appropriate placement in the Sending State, and the Receiving State must close the case and terminate supervision. If the court refuses to order return of the Child to a placement in the Sending State, the Receiving Agency must also close the case and terminate supervision.
4. If the Temporary Emergency Placement is not terminated pursuant to Section H or Section I, above, the Temporary Emergency Placement terminates when a final decision as to placement has been made by the Receiving State ICPC Office pursuant to the ICPC.
5. For the avoidance of doubt, in accordance with the ICPC and the law, if at any time during the Temporary Emergency Placement, the Sending State ICPC Office determines that a Temporary Emergency Placement places the Child in imminent risk or is contrary to the best interests of the Child, the Sending State ICPC Office must notify each other party and the Receiving State ICPC Office and Receiving State Agency must cooperate with the Sending State ICPC Office and Sending State Agency to promptly return the Child to the Sending State.

J. Notices and Transmission of Forms. Wherever this Agreement requires notices and transmission of forms and documentation to be sent, except for those required by Section M (Termination of Jurisdictional Agreement), such notices and transmission of forms and documentation must be sent to the following addresses by encrypted email, unless otherwise specified in this Agreement:

1. New Jersey DCF, Office of Interstate Services

njicpc@dcf.nj.gov

2. New Jersey DCF, Division of Child Protection and Permanency

Whenever this Agreement requires notice or transmission of forms and documentation to be given to New Jersey DCF, Division of Child Protection and Permanency as the Sending or Receiving Agency, such requirement is satisfied by emailing notice, forms and documentation to the email address listed above for New Jersey DCF, Office of Interstate Services.

3. OCFS (New York State ICPC Office)

ocfs.sm.NYSICPC@ocfs.ny.gov

4. ACS

ICPC-NYNJ@acs.nyc.gov

K. Border Agreement Reporting and Management

1. Within sixty (60) days after the Effective Date of this Agreement, New York and New Jersey must establish a joint management group comprised of members of OCFS, ACS and DCF, to determine the forms and procedures for tracking data relating to the Agreement.
2. The parties to the Agreement agree that the joint management group must meet by phone or in person regularly, at times and dates to be determined by mutual agreement of the parties, but in no event less than quarterly, to discuss data collection, implementation, and other issues relevant to management of the Agreement. However, any party may notify the others of the need to discuss an issue at any time, by sending written notice to the notice parties listed in Section J, above. A meeting requested in this manner must be held as soon as practicable after receipt of written notice.

L. Pilot Period

1. New Jersey and New York agree to initiate Temporary Emergency Placements pursuant to this Agreement for an initial pilot period of twelve (12) months (the "Pilot Period"), to monitor, assess and, if necessary, modify the procedures set forth in this Agreement pursuant to Section M(1), below.
2. The Pilot Period must commence within one hundred and fifty (150) days of the Effective Date.
3. During the Pilot Period, the Sending Agency must forward requests for Temporary Emergency Placement to the Receiving Agency pursuant to the procedures set forth in this Agreement, to enable the parties to track the volume of requests.
4. During the Pilot Period, each Receiving Agency must perform no more than ten (10) Temporary Emergency Home Assessments per month, to allow the parties to adjust to the requirements of this Agreement. For all referrals in excess of ten (10) per month, the Sending Agency must request a full home study under the ICPC, pursuant to the requirements set forth in the ICPC.
5. During the Pilot Period, each party must document the challenges it encounters, and all parties must work together to troubleshoot issues and adjust practice as needed.
6. Beginning no later than one hundred twenty (120) days prior to the end of the Pilot Period, the parties must collaborate to make any amendments to this Agreement that the parties deem necessary.

M. Amendment and Termination of Agreement

1. This Agreement, including its exhibits or any other attachments thereto, may be modified or amended only in writing, signed by the New York State ICPC Compact Administrator, the New Jersey State ICPC Compact Administrator, the Commissioner of ACS, or a duly authorized representative thereof.
2. The initial term of this Agreement will run for twelve (12) months following the Pilot Period. The Agreement automatically renews for successive twelve (12)-month terms unless the New York State ICPC Compact Administrator, the New Jersey State ICPC Compact Administrator, the Commissioner of ACS, or a duly authorized representative of any of the foregoing submits a written request for termination to the following addresses:

New Jersey State Department of Children and Families

c/o Commissioner
50 East State Street
Trenton, New Jersey 08608

New York State Office of Children and Family Services

Office of Children and Family Services
c/o Commissioner
52 Washington Street
Rensselaer, New York 12144

City of New York Administration for Children's Services

c/o Commissioner
150 William Street
New York, New York 10038

3. This Agreement may be terminated immediately or at such other time as the parties may agree by mutual written consent of the New York State ICPC Compact Administrator, the New Jersey State ICPC Compact Administrator, and the Commissioner of ACS, or duly authorized representatives thereof. The parties agree to an in-person review, if requested, with appropriate representatives from OCFS, ACS and DCF prior to termination.
4. If a party to this Agreement has issued a written request for termination, the parties must immediately cease issuing requests for Temporary Emergency Placement pursuant to this Agreement. Any request for Temporary Emergency Placement made pursuant to this Agreement, prior to receipt of a written request for termination, must be handled to conclusion in accordance with the terms of this Agreement.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the Effective Date.

STATE OF NEW YORK (OFFICE OF
CHILDREN AND FAMILY SERVICES)

STATE OF NEW JERSEY (DEPARTMENT OF
CHILDREN AND FAMILIES)

J. G. [Signature]

Name

Name

Commissioner

Title

Title

CITY OF NEW YORK (ADMINISTRATION
FOR CHILDREN'S SERVICES)

Name

Title

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the Effective Date.

STATE OF NEW YORK (OFFICE OF
CHILDREN AND FAMILY SERVICES)

STATE OF NEW JERSEY (DEPARTMENT OF
CHILDREN AND FAMILIES)

Name

Christine Beys

Name

Title

Commissioner

Title

CITY OF NEW YORK (ADMINISTRATION
FOR CHILDREN'S SERVICES)

Name

Title

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the Effective Date.

STATE OF NEW YORK (OFFICE OF
CHILDREN AND FAMILY SERVICES)

STATE OF NEW JERSEY (DEPARTMENT OF
CHILDREN AND FAMILIES)

Name

Name

Title

Title

CITY OF NEW YORK (ADMINISTRATION
FOR CHILDREN'S SERVICES)



Name



Title

EXHIBIT A

TEMPORARY EMERGENCY HOME ASSESSMENT FORM

TEMPORARY EMERGENCY HOME ASSESSMENT FORM

Name(s) of Child(ren) for Placement*	Sending State
1. _____	
2. _____	New Jersey _____
3. _____	
4. _____	New York _____
5. _____	
* For this data field and all other fields, please attach information in a separate document if the field does not provide sufficient space.	

Dates of Telephone Contacts:

Dates of Home Visits:

Cross-Jurisdictional Resource Information

Name:

Home Telephone Number(s):

Work Telephone Number(s)

Marital Status:

Single _____ Married _____ Living With _____

Employer Name and Address:

Employer Telephone:

Resource's Net Monthly Income:

\$ _____

(Please provide proof of income as an attachment)

Number of Household Members:

Name(s) of Household Member(s)	Relationship to Resource	Is Household Member in Favor of Placement?

TEMPORARY EMERGENCY HOME ASSESSMENT FORM

Resource's Reasons for Wanting to Care for Child(ren):

How Resource Learned About Need for Temporary Emergency Placement:

Does Resource Indicate Understanding of the Situation Giving Rise to Temporary Emergency Placement Request (Y/N)?

Resource's Ability to Protect Child(ren) from Risk Factors:

Resource's Child Care Plans:

Forms of Discipline to be Used by Resource:

Resource's Plan for Providing Financially for Self and Child(ren):

Sending State's Financial and Medical Plan Pending Full Home Study:

TEMPORARY EMERGENCY HOME ASSESSMENT FORM

Local Child Abuse Registry Check, Local Criminal Background Check and Other Clearances			
Name of Individual	Clearance Type	Date	Results
Health			
<p>Do the Resource and (if applicable) all adult members of Resource’s household state they and the children living in the home (if applicable) are in good basic health and free of communicable diseases?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>If “no,” please explain:</p>			
<p>Home Environment and Housekeeping Standards (Description):</p>			
<p>Sleeping Arrangements (Description):</p>			
<p>Any Area(s) of Concern:</p>			
<p>Description of Neighborhood:</p> <p>Proximity of School:</p> <p>Proximity of Medical Services:</p>			

TEMPORARY EMERGENCY HOME ASSESSMENT FORM

Proximity of Social Activities:		
Proposed Changes to Sending State’s Case Plan, if Any:		
Recommendation: <div style="text-align: center;"> <input type="checkbox"/> Approval <input type="checkbox"/> Deferral </div>		
Explanation of Recommendation:		
List any Conditions Required of the Sending State Prior to Placement:		
Name of Case Worker / Case Planner	Phone Number	Email Address
Name of Supervisor	Supervisor’s Phone Number	Supervisor’s Email Address

Signature of Case Worker / Case Planner

Date

Signature of Case Worker / Case Planner

Date

EXHIBIT B

TEMPORARY EMERGENCY PLACEMENT REFERRAL FORM

TEMPORARY EMERGENCY PLACEMENT REFERRAL FORM

Instructions: To initiate requests for Temporary Emergency Placements across the New York / New Jersey state border, Sending Agency caseworkers or case planners must complete, sign, and e-mail this Temporary Emergency Placement Referral Form, along with all available supporting documents, to the Sending Agency Liaison indicated. The Sending Agency Liaison must then forward these documents to the Sending State ICPC Office, Receiving State ICPC Office, and Receiving Agency Liaison. Please attach information in a separate document if the data field does not provide sufficient space.

DATE:

1. CHILD INFORMATION

A. CHILD(REN) RECOMMENDED FOR TEMPORARY EMERGENCY PLACEMENT

Name	DOB	Race / Ethnicity	Sex	Gender Identity	Child's Specific Needs <i>Diagnoses, IEP, therapy, services</i>

B. INDIAN CHILD WELFARE ACT ELIGIBILITY:
 Yes No *If "yes" for any Child, please explain.*

C. TITLE IV-E ELIGIBILITY:
 Yes No Pending

D. NAME OF PARENT(S) OR LEGAL GUARDIAN(S):

E. ADDRESS OF PARENT(S) OR LEGAL GUARDIAN(S):

F. CURRENT STATUS

For each Child, please provide a brief description of the reasons for CPS involvement; legal status (e.g. whether Child is remanded, paroled to a relative under court-ordered supervision, etc...); placement history; and any services currently received. Include any concerns relating to domestic violence, mental health, substance use, orders of protection, restrictions on visiting or contact, and potential safety and protection issues for the Child and Cross-Jurisdictional Resource.

G. SERVICES REQUIRED FOR SPECIFIC NEEDS

Specific needs include, but are not limited to, allergies, dietary concerns, behavioral concerns, IEP classification, developmental status, medical conditions and medications, mental health diagnoses, etc... Please attach: (a) the Sending Agency's plan for meeting the Child's medical and financial needs during the Temporary Emergency Placement; and (b) the preplacement physical with available supporting documentation.

H. JUSTIFICATION FOR TEMPORARY EMERGENCY PLACEMENT REQUEST

Please include a brief explanation of why each Child requires expedited placement prior to the completion of a full ICPC home study.

2. CROSS-JURISDICTIONAL RESOURCE INFORMATION

A. NAME:		B. SOCIAL SECURITY NUMBER (if available):	
C. DATE OF BIRTH:	D. SEX; GENDER IDENTITY:		E. RACE; ETHNICITY:
F. RELATIONSHIP TO CHILD:		G. RESOURCE TYPE: <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent	
H. RESIDENTIAL ADDRESS:			

TEMPORARY EMERGENCY PLACEMENT REFERRAL FORM

I. COUNTY OF RESIDENCE:				
J. HOME TELEPHONE NUMBER(S):				
K. WORK TELEPHONE NUMBER(S):				
L. CELL PHONE OR OTHER NUMBER(S):				
M. E-MAIL ADDRESS(ES):				
3. CROSS-JURISDICTIONAL RESOURCE HOME INFORMATION				
A. TOTAL NUMBER OF ROOMS IN HOME:		B. NUMBER OF BEDROOMS FOR CHILD(REN)'S USE:		C. NUMBER OF BATHROOMS FOR CHILD(REN)'S USE:
D. MEMBERS OF HOUSEHOLD, INCLUDING CHILDREN, RESIDING IN HOME:				
NAME	DOB	SEX	GENDER IDENTITY	RELATIONSHIP TO RESOURCE
4. SENDING AGENCY INFORMATION				
A. SENDING AGENCY NAME:		B. PHONE NUMBER; EMAIL ADDRESS; FAX NUMBER:		
C. NAME OF REQUESTING CASEWORKER / CASE PLANNER:		D. PHONE NUMBER; EMAIL ADDRESS; FAX NUMBER:		
E. AFFIDAVIT CONFIRMING RESOURCE INTEREST:				
<p><i>By my signature, I affirm that I have spoken with the Cross Jurisdictional Resource named above and that he/she/they has/have indicated to me that he/she/they seek(s) to proceed with the Temporary Emergency Placement of the Child(ren) named above.</i></p> <p>_____</p> <p style="text-align: center;">(Case Worker / Case Planner Signature)</p>				
F. NAME OF REQUESTING SUPERVISOR:		G. PHONE NUMBER, EMAIL ADDRESS, FAX NUMBER:		H. SUPERVISOR SIGNATURE
I. ADDITIONAL INFORMATION RELEVANT TO PLACEMENT (E.G. ALLERGIES OR OTHER HEALTH CONCERNS):				

Sending and Receiving Agency Liaisons

NY ACS: Jacqueline Fernandez: Jacqueline.fernandez@acs.nyc.gov; Phone: 212.676.6885; Fax: 212.676.6749

NY OCFS: TBD

NJ DCF: Monica Nelson and Gayle Williamson: njicpc@dcf.nj.gov with copies to monica.nelson@dcf.nj.gov and gayle.williamson@dcf.nj.gov;

Interstate Main Line: 609-888-7120; Monica Nelson: 609-888-7123; Gayle Williamson: 609-888-7485

Agreement by and Among the State of New York Office of Children and Family Services, the City of New York Administration for Children's Services, and the State of New Jersey Department of Children and Families for Temporary Emergency Placements

EXHIBIT C

SUPERVISION REPORT – 30-DAY FORM

Supervision Report 30 day

Date of Report: / /

Name of Child(ren):

Name of Caretaker(s):

Address of Placement:

Courtesy Caseworker :
(Receiving State)

Phone Number: () -

Reporting Period:

Dates and locations of Face-to-Face Contact:

Briefly discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:

List any unmet needs, and recommendations to meet those needs: *(Sending State is responsible for case planning and for funding)*

Recommendation:

- Continue placement.
- Continue supervision.
- Terminate supervision.

Receiving State concurs with:

- Continue with current permanency goal.
- Return custody to parent, terminate jurisdiction.
- Establish guardianship.
- Other (specify):

OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:

- The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.
- The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist **does not** concur with this recommendation.

Name

/ /
Date