

SECTION I (to be completed by DCF Social Worker)					
NOTE: Do not complete this form if the proposed placement is with the child's parent)					
DCF Office:		LAST Name of worker completing form:		FIRST Name of worker:	
SW E-mail Address:		SW Phone		Date of Placement: (Leave blank if child is not yet placed):	
Child's LAST Name:	Child's FIRST Name:	DOB:		Child's SS:	
Proposed Placement Type: <input type="checkbox"/> Foster Care <input type="checkbox"/> Residential <input type="checkbox"/> Pre-Adoptive		Race		Ethnicity	
Is this a Relative Placement?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Child's LINK ID		Gender:	
Caregiver LAST Name:		Caregiver FIRST Name:		Telephone	E-mail
Address (No. and Street):		Apartment #:	City:		State:
					Zip:
Instructions for the Social Worker upon completion of Section 1: Please e-mail the completed form to: <a href="mailto:DCF.MCOS4EELIGIBILITY@ct.gov">DCF.MCOS4EELIGIBILITY@ct.gov</a>					
Once the Revenue Enhancement Division completes section II, they will send this form back to the SW, so the SW can include this form in the ICPC Referral Packet and send it to the Interstate Compact Office, 505 Hudson Street, Hartford, CT 06106					

SECTION II (to be completed by Revenue Enhancement Division)		
Child's IV-E Eligibility Status: <input type="checkbox"/> IV-E Eligible <input type="checkbox"/> Not IV-E Eligible		Is Child currently in receipt of SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section completed by worker's LAST Name	Worker FIRST Name:	Date:
Instructions for the Revenue Enhancement Division upon completion of Section II: E-mail the completed form back to		

SECTION III (to be completed by DCF Interstate Compact Worker)		Date Child Placed (From ICPC 100-B):
Section completed by worker's LAST Name	Worker FIRST Name:	Date:
Instructions for the Interstate Compact Worker: upon receipt of the ICPC 100-B, "Notification of Placement" the Interstate Compact Worker will complete Section III of the DCF-2223 form and include the completed forms in the medical referral packet that is sent to the receiving state.		
NOTE 1: At the time of the actual placement of the child in another state, it is required that an ICPC 100-B be sent to the Interstate Compact Office and that a DCF-MA1 is generated to the DCF Medical Assistance Unit		
NOTE 2: For <b>NON-IV-E Eligible</b> children placed out-of-state (not in the home of a relative), the Social Worker should consult with the Regional health Advocate about obtaining health care services for the child in the other state.		