



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Bureau for Children and Families
Region

Karen Bowling
Secretary

(Your District Letterhead)

To: Name, Title, District Office
From: Name, Supervisor Region (I-IV) Homefinding
CC: WV ICPC Office
Date:
Re: Children's name and placement resources name

Request for Parent Evaluation:

On **(Date)** I received a request for a PARENT homestudy/evaluation from the WV ICPC office. The request was for appropriate staff in our Region to provide a placement evaluation in regard to **(Parent Name)** who is the biological parent of **(Name child/ren)** a child currently in the custody of the state of **(State)**. The child was initially placed due to **(Reason)**.

I have carefully reviewed the ICPC referral material. The ICPC referral material references adjudication and/ or allegations of abuse/ neglect involving **(Parent Name)**. Elaborate here any specific case concerns.

Based on the nature of this referral I am forwarding this evaluation request to your office for completion in accordance with the Protocol for Evaluating Parent/ Guardian Placements. Along with the complete ICPC referral packets, for your convenience, I am attaching a copy of the Parent/ Guardian Evaluation format. The WV ICPC Transmittal specifies home study due dates and the packet includes a copy of the "Safe and Timely Progress Form" for your completion and forwarding along with your completed home study report to the WV ICPC office and to my office.

If your recommendation is for placement with this parent and placement is made, the referring state of **(State)** has already requested courtesy supervision and quarterly reports. This will begin after the 100B is received by the sending state.

Please feel free to contact me or Homefinding Specialist **(Worker Name)** if you have any questions or concerns regarding the home study process and/ or the CIB/ NCIC process. Thank you for your attention to this matter.