

## Residential Treatment Checklist (Regulation 4) – Incoming To Florida from another state (Parent/Relative/Guardian Request)

Sending State Transmittal form (1 copy)
☐ 100A – 1 copy
Section I  Completed showing parent or guardian is responsible for planning for child and is financially responsible for child
Section II  Type of care requested, Residential Treatment Center
Legal Status  Parent/Relative Custody/Guardianship
Section III Signature of the parent/relative/guardian and date
☐ 100B – 1 copy (If the child has been placed without prior approval)
Section I  Demographic information is completed
Section II  Initial placement section is completed (including the date of child's placement)
Section IV  Parent/Relative/Guardian signature/date  Signature of Sending State Compact Officer
Packet Requirements (1 copy)
Letter of acceptance from the residential facility
Current court order or legal document [gives the relative/guardian authority to place the child (if applicable]
Financial/Medical Plan [detailed letter from parent/guardian which describes their responsibility for payment of the cost of placement in the facility, the name and address of the person or entity that will be making payment and the person or entity who will otherwise be financially responsible for the child]
☐ Placement disruption agreement