



INTERSTATE COMPACT FOR JUVENILES

FORM VIII

Home Evaluation Report Form

Sending State: _____ Receiving State: _____

Juvenile's Name: _____ DOB: _____ Case # _____

Placement recommended

Placement not recommended

PROPOSED PLACEMENT INVESTIGATED:

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

HOME/NEIGHBORHOOD/PEERS (physical description, criminal/gang activity, etc.):

FAMILY STATUS (composition, interactions, at-risk family members, attitude, support capabilities, etc.):

FAMILY EMPLOYMENT/FINANCIAL RESOURCES (If proposed placement resource works, who will supervise the juvenile):

LEGAL HISTORY OF FAMILY (current charges, probation or parole status):

PROPOSED PLAN (school/employment, court-ordered conditions, treatment needs):

OTHER COMMENTS (recommendations, questions, concerns):

REPORTING INSTRUCTIONS:

Name: _____

Agency: _____

Address: _____

Telephone # _____

(Investigating worker – printed name)

(Supervisor – printed name)

(Investigating worker - signature)

(Date)

(Supervisor - signature)

(Date)

For ICJ Official use only:

Placement approved

Placement denied

(Date)

(Compact Official signature)