

NOTICE OF CLIENT CHANGE OF COUNTY RESIDENCE

Use of form: Use of this form is voluntary; however, the information requested must be provided. County agencies are required under s. 48.57(2m), Stats. to notify another county department when a person who is receiving child welfare services under s. 48.57(1), Stats. from one county department has changed his or her county of residence."

Date – Form Completed	New County of Residence	
TO: County Department of New Residence	E-mail or Fax Number	
FROM: Name – County Representative From Previous County of Residency	Title	Telephone Number
Address (Street, City, State, Zip Code)	E-mail	

RE: Notice of Client Change of County of Residence

I am writing to notify you that the family identified below has moved from _____ County, and is now residing in _____ County.

Name(s) – Child(ren)

Name(s) – Parent(s)

New Address (Street, City, State, Zip Code)

Services Offered or Provided

Case is: Voluntary Consent Decree Court Ordered Other – Specify:

For additional information, contact:

Name – Caseworker:

Telephone Number – Caseworker:

E-mail:
