

NOTIFICATION OF A CHILD LEAVING A LICENSED PLACEMENT

To: (OHC Worker)

Court Number:

Date Form Sent to Out of Home Care:

Child's Name:

Date of Birth:

Case Number:

Date Child Left Licensed Placement:

Child's Out-of-Home Placement Information	
Previous Placement:	
Name:	
Address:	
Phone:	
Placement Type:	
<input type="checkbox"/> Receiving Home	Placement Name:
<input type="checkbox"/> Foster Home	Address:
<input type="checkbox"/> Group Home	Phone:
<input type="checkbox"/> CCI/RTC	
Placement With:	Length of Time in Placement
<input type="checkbox"/> Court Ordered	
<input type="checkbox"/> Voluntary Agreement	

Child Left Placement:	Type:
Name:	
Address:	
Phone:	

Reason(s) Child Left Placement:

Worker Signature

Date

Supervisor Signature

Date