

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: _____
(mm/dd/yyyy)

New County of Residence: _____

TO: _____
County Department of Residence

E-mail or Fax Number

FROM: _____
Name – County Representative from Previous County of Residency

Title

Address (Street, City, State, Zip Code)

Telephone Number or E-mail

RE: Notice of Client Change of County of Residence

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

Name – Child(ren): _____

Name – Parent: _____ Name – Parent: _____

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

Services Offered or Provided:

This case is : Voluntary Consent Decree Court Ordered Other – Specify: _____

For additional information, contact:

Name – Caseworker

Telephone Number – Caseworker

E-mail