

Out-of-Home Placement or Recommended Placement Notification

Use of form: Use of this form is voluntary; however, the information must be provided. Child placing agencies are required to notify school districts when a child is placed in the district pursuant to ss. 48.64(1r) and 115.81(3), Stats. In addition, agencies are required to notify the school district in which a child resides prior to placement in a Residential Care Center (RCC) whenever the agency recommends to a court that a child be placed in an RCC. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

DATE: _____

TO: Clerk, _____ School District
Name – School District

FROM: _____
Name – Representative of Placing Agency

Title

Name – Placing Agency

RE: Notification of the Placement of a Child in a Group Home / Foster Home / Residential Care Center or Recommended Placement of a Child in a Residential Care Center.

This is to notify you, pursuant to s. 48.64(1r), Stats., that a child has been placed in the

_____ Group Home / Foster Home
Name – Home

in your school district in the City / Town / Village of _____ . The address of the Group /

Foster Home is _____ . The telephone number
(Street, City, State, Zip Code)

of the Group / Foster Home is _____ . The effective date of the child's placement is _____
mm/dd/yyyy

NOTE: Send form to school district in which the Group Home / Foster Home is located.

This is to notify you, pursuant to s. 115.81(3), Stats., that a recommendation has been made to the juvenile court

that a child be placed in the _____ Residential Care
Name – Residential Care Center

Center located in the City / Town / Village of _____ .

The date of the recommendation to the court is / was _____ .
mm/dd/yyyy

NOTE: Send form to school district in which the child is / was residing at the time of the recommendation to the court.

This is to notify you, pursuant to s. 115.81(3), Stats., that a child has been placed in the

_____ Residential Care Center located in the
Name – Residential Care Center

City / Town / Village of _____ .

The effective date of the child's placement is _____ .
mm/dd/yyyy

NOTE: Send form to school district in which the child was residing prior to placement in the Residential Care Center.

The following information relates to that child:

Name: _____ Age: _____ Sex: _____

Current / Previous School: _____

City / Town / Village: _____ State: _____

Contact me at the following address or telephone number if you have questions regarding this child or the placement.

Street Address

City, State, Zip Code

Telephone Number

Copy: Group Home or Residential Care Center Administrator / Foster Parent