FOSTER CARE CHANGE FORM

*(To be completed by Family Services Specialist w/in* ***24 hrs.*** *of a child entering care or any placement change)*

Date:       Worker:       Supervisor:

Child’s Name:       OASIS Case Name:      OASIS #:

Reason for change: [ ]  New entry [ ]  Placement Change [ ]  Service Change [ ]  Case Transfer

**Section 1 - Demographic information**

 Date of Birth:       Child’s Race: Click to Select Child’s Sex: [ ]  Male [ ]  Female

 Date entered care (Physical Removal):

**Section 2 - Placement Change Information**

1. Date of Placement Change:

Placement Type: Choose an item.

Child Placing Agency, Program, of Facility Name:

Foster Parents’ Name (if applicable):

Street Address:

City, State, Zip:

Telephone #

 [ ]  This provider should be paid a VEMAT

1. This child was previously placed at       and the last night he/she slept at this placement was on       (date).

 MUST choose a placement discharge reason: **Choose an item.**

If other, provide brief explanation:

1. Temporary Absence From Placement (i.e. AWOL, Acute Hospitalization, Juvenile Detention)

Is child expected to return to the same placement? [ ] Yes [ ]  No

 If AWOL, was law enforcement notified within 24 hours? [ ] Yes [ ]  No

 Law enforcement was notified on       (date).

1. Sex Trafficking Reporting – Required if returning from AWOL

Was this child a victim of sex trafficking [ ] Yes [ ]  No

If yes, when did it happen Choose an item.

Law enforcement was notified of sex trafficking on       (date).

**Section 3 – Service Change Information *(note: service must not have started prior to provider change)***

Service approved:

New requested provider:

Previously approved provider:

**Section 4 – Case Transfer Information**

[ ]  This case was transferred to a new worker       (name) on       (date).

[ ]  This case was transferred to Adoption Subsidy funding on       (date).

Comments: