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: