Date: Click or tap to enter a date.

Foster Youth Name: Click or tap here to enter text.

Placement Date: Click or tap to enter a date.

**Out of County Placement and Notice of Presumptive Transfer of Responsibility for Specialty Mental Health Services**

Dear Click or tap here to enter text.,

The child or youth named above has been placed, or will be placed, in a foster care setting outside of Click or tap here to enter text. County.

Typically, the Click or tap here to enter text. County Click or tap here to enter text. Department coordinates and pays for any specialty mental health services for Click or tap here to enter text. County children and youth in foster care. If a child or youth is placed *outside* of Click or tap here to enter text. County, however, the county where the child or youth will be living assumes responsibility for providing and paying for specialty mental health services. This is called ***presumptive transfer***.

There may be reasons that the responsibility for providing specialty mental health services should not be transferred and should remain the responsibility of Click or tap here to enter text. County. In those circumstances, the child or youth’s child welfare caseworker or supervising probation officer may authorize a ***waiver*** of the presumptive transfer. The law states that presumptive transfer may be waived by the placing agency when any of these exceptions exist:

* The transfer would disrupt continuity of care or delay access to services provided to the foster child or youth;
* The transfer would interfere with family reunification efforts documented in the individual case plan;
* The foster child or youth’s placement outside Click or tap here to enter text. County is expected to last less than six months; or
* The foster child or youth’s placement is within 30 minutes travel time to his or her established specialty mental health services care provider in Click or tap here to enter text. County.

As the foster child or youth, his/her parent or guardian, or his/her attorney, you may request a waiver of presumptive transfer if you believe that one of the above exceptions exists, that presumptive transfer should be waived, and that responsibility for the provision of mental health services should remain with Click or tap here to enter text. County.

A waiver decision will not be made until the placing agency has consulted with all of the following:

* The foster child or youth;
* The foster child/youth’s parent or guardian;
* The foster child/youth’s attorney;
* Members of the Child and Family Team (if there is one); and
* Other professionals who serve the child or youth, as appropriate.

**How to Request a Waiver**

If you would like to request a waiver, or if you would like to talk about this, please contact me and provide the following information, within **7 calendar days** of the date at the top of this letter:

* Name of the child or youth;
* Your name, contact information, and relationship to the youth; and
* A brief description of the reason(s) for the waiver.

For more information regarding presumptive transfer, refer to the attached information. Please contact me with any questions you may have regarding this notice.

Sincerely,

Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text. (parent/guardian)

 (minor’s attorney)

CC: (foster youth)