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| **Date of Decision to Place Out of County** Click or tap to enter a date. | **Anticipated/Actual Date of Relocation:** Click or tap to enter a date. |

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| **From** Click or tap here to enter text. County | **To** Click or tap here to enter text. County |

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| **Child/Youth Name:** |  Click or tap here to enter text. | **DOB**:  | Click or tap to enter a date. |

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| **Status:** (check one)  | ☐ Dependent WIC 300 ☐ Ward WIC 602 |
| If dual status, indicate lead agency: (check one)  | ☐ Child Welfare ☐ Juvenile Probation ☐ N/A  |

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| **Child Welfare Caseworker/Supervising Probation Officer Contact Information:** |
| Name | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. | Email: | Click or tap here to enter text. |

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| **Child/Youth Placement Address:** |
| Street Address | Click or tap here to enter text. |
| City | Click or tap here to enter text. | State  | Click or tap here to enter text. | Zip  | Click or tap here to enter text. |

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| **Caregiver Contact information:** |
| Name | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. | Email | Click or tap here to enter text. |

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| **Type of Placement:** (check one) | ☐ County approved resource family | ☐ FFAClick or tap to enter FFA name. | ☐ STRTPClick or tap to enter STRTP name. |

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| **Contact information for individual with rights to sign consents for treatments:** |
| Name | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. | Email | Click or tap here to enter text. |

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| **Contact information for individual with rights to sign release of information:** |
| Name | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Limitations of signer’s privilege (if any):  | Click or tap here to enter text. |

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| **Psychotropic medication: Contact information for court with jurisdiction over minor:**  |
| Addressee | Click or tap here to enter text. | Street | Click or tap here to enter text. |
| City | Click or tap here to enter text. | State  | Click or tap here to enter text. | Zip | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| This child has a County mental health assessment. (check one)  | ☐ YES ☐ NO |
| This child is currently receiving specialty mental health services. | ☐ YES ☐ NO |

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| **Expedited transfer** (check one)  | ☐ YES ☐ NO |

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| **Authorized by:**  |  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| **Print Name** | **Title** | **Date** |
|  |

**Signature or e-signature**