



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

Parent Notification of Changes In Out-Of-Home Placement

I. NOTIFICATION TO PARENT(S):

Parent's Name _____

Child's Name _____

Parent's Address _____

This is to notify you the above named child (check one) [] will be/ [] has been moved to a: (check correct box)

[] New Foster Home [] New Facility [] New School Move Date _____

Comments: explain reason(s) for move

[Empty box for comments]

II. Specific Reason Justifying the Change of Placement Without Advance Notice:

[Empty box for specific reason]

III. Basis for the Recommended School Change and How it Serves the Child's Best Interest:

[Empty box for school change basis]

IV. Notification of other changes in the case:

- Change in Family Service Worker: FSW's Name, Address, Effective Date, Phone Number
Child left care, Child is deceased, Parental rights terminated, Child age 16-19, Foster child gave birth, Foster child ran away

V. SIGNATURES:

Family Service Worker Name

DCFS Supervisor Name

Family Service Worker - (Signature)

DCFS Supervisor - (Signature)

Date Signed

Date Signed

Date of Notification