



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

Attorney-Ad-Litem, Court Appointed Special Advocate and Child
Notification of Changes In Out-Of-Home Placement

I. NOTIFICATION TO ATTORNEY AD LITEM / COURT APPOINTED SPECIAL ADVOCATES:

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:

[Empty box for comments]

Name of Foster Family or Facility _____ Telephone _____

Address of Foster Family or Facility _____

II. REASON(S) FOR THE MOVE:

[] Change in Family Service Worker: FSW's Name _____

FSW's Address _____

Effective Date: _____ Telephone _____

[] Child left care [] Child is deceased Date _____

[] Parental rights terminated Date _____

[] Placed for Adoption Date _____

[] Child age 16-19 (not in school) Date left school _____

[] Foster child gave birth Infant's name _____ Date of birth _____

Placement address _____

Specific Reason Justifying the Change of Placement Without Advance Notice:

[Empty box for specific reason]

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

(IF THE CHANGE IS SCHOOL RELATED, NOTIFY THE CHILD TOO)

[Empty box for basis for school change]

III. SIGNATURES:

Family Service Worker Name _____

DCFS Supervisor Name _____

Family Service Worker - (Signature) _____

DCFS Supervisor - (Signature) _____

Date Signed _____

Date Signed _____

Date of Notification _____