Arkansas Department of Human Services

Division of Children and Family Services

Notification of Change

TO: _____ FROM: _____

DATE: _____ TELEPHONE# _____ COUNTY OF RESIDENCE: _____

CHILD'S NAME: LAST: _____ FIRST: _____ MI: ____

SOCIAL SECURITY NUMBER: _____ CASE NUMBER: _____

☐ PLACEMENT/ADDRESS CHANGE: DATE OF CHANGE: _____

OLD PLACEMENT/ADDRESS: _____

COUNTY: _____ TYPE: _____

NEW PLACEMENT/ADDRESS: _____

COUNTY: _____ TYPE: _____

☐ CHANGE IN FAMILY SERVICE WORKER: EFFECTIVE DATE: _____

NEW FAMILY SERVICE WORKER: _____

ADDRESS: _____ TELEPHONE# _____

_____

☐ INCOME/RESOURCE CHANGE:

SOURCE _____ AMOUNT _____ EFFECTIVE DATE _____

☐ CHILD LEFT CARE ☐ DECEASED DATE: _____

☐ PARENTAL RIGHTS TERMINATED DATE: _____

☐ PLACED FOR ADOPTION: DATE: _____

☐ FOSTER CHILD HAS GIVEN BIRTH: INFANT'S NAME: _____

DATE OF BIRTH _____ PLACEMENT ADDRESS: _____

_____

☐ CHILD AGE 16-19 NOT IN SCHOOL: DATE LEFT SCHOOL: _____

☐ RUNAWAY ☐ TRIAL/EXTENDED VISIT DATE: _____

☐ THIRD PARTY INSURANCE: POLICY NUMBER: _____

NAME/ADDRESS:_____

_____

☐ PARENT NOT PAYING SUPPORT INDICATES A WILLINGNESS TO BEGIN PAYING SUPPORT:

NAME/ADDRESS OF PARENT: _____

_____

☐ MODIFICATIONS IN COURT ORDER: EXPLAIN:

☐ VOLUNTARY ADMISSION OF PATERNITY:

NAME/ADDRESS OF PARENT: _____

_____