



# Change of Placement Form

Child's Name(s)

SS# or DOB

_____	_____
_____	_____
_____	_____
_____	_____

### Placement Moving FROM:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### New Placement Moving TO:

Name: \_\_\_\_\_

- Type:     Licensed Care (Foster Home, Group Home, Shelter)  
 Parent (complete section below too)  
 Approved Relative (complete section below too)  
 Approved Non-Relative (complete below too)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, was an exit interview completed?  
 Yes     No

Reason child was moved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time Moved: \_\_\_\_\_

Staff Moving Children: \_\_\_\_\_

\_\_\_\_\_

Date and Time Placement was Notified:

\_\_\_\_\_

Case Manager:

\_\_\_\_\_

Supervisor:

\_\_\_\_\_

### \*Non-Licensed Caregiver's Info

Primary	M	Secondary	M
	F		F

Name: \_\_\_\_\_

SS # \_\_\_\_\_

DOB \_\_\_\_\_

Race \_\_\_\_\_

Marital Status: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Reminder:** If placement is outside of Palm Beach County, a request for Out of County Services needs to be submitted to the ICPC/OCS Specialist.