Circles of Care

Foster Family Request for Removal or Discharge

Date:____________________

Child/Youths Name:_______________________________________

☐ As per contracting requirements, ________________________________________are/is providing 30-days Foster Parents notice requesting the removal/discharge of the above named child.

☐ As per contracting requirements, ________________________________________are/is providing 10-days Foster Parents notice for need for removal/discharge. Above named child was an emergency placement and request is within 30-days of admission to our home.

The reason for discharge or removal is:

☐ Child not meeting any goals, lack of progress or can’t care for child because: (please explain)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

☐ Runaway- Family is not willing to take child back if child is located.

Comments:_______________________________________________________________________
______________________________________________________________________________

☐ As per contracting requirements, __________________________________________ are/is providing 2 Foster Parents Working days notification of need for removal/discharge of above named child. Child can no longer be maintained or managed within our home. Required supportive documentation from physician, psychologist, LMSW-ACP or LPC for the removal/discharge of above named child is attached. Admission papers for psychiatric hospitalization serve as documentation, which is attached.

_________________________________________________________________

Signature of foster parent(s) Date 9/02