

# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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