

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SCHOOL DISTRICT NOTIFICATION OF FOSTER CHILD
PLACED IN A FOSTER FAMILY, AGENCY BOARDING, OR GROUP HOME**
(Please Print Information)

CHILD ENTERING FOSTER CARE (FULL NAME):		DATE OF BIRTH OR APPARENT AGE: / / , or	
ADDRESS OF CHILD WHEN CHILD ENTERED FOSTER CARE:		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		DATE CHILD ENTERED FOSTER CARE:	
FOSTER PARENT'S NAME(S):		(AREA CODE) TELEPHONE NO.:	
FOSTER PARENT'S NAME(S):		(AREA CODE) TELEPHONE NO.:	
ADDRESS OF FOSTER PARENT(S):			
Alternate living arrangement, Choose one: *Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Agency Boarding <input type="checkbox"/> Group Home <input type="checkbox"/> * List Parent Name/Address ONLY if Child is Home On Trial Basis (HOTB)		(AREA CODE) CELL PHONE NO.:	(AREA CODE) TELEPHONE NO.:
NAME:			
ADDRESS:			
NAME OF SCHOOL DISTRICT CHILD RESIDED IN WHEN CHILD ENTERED FOSTER CARE (District of Origin):		ADDRESS OF SCHOOL DISTRICT OF ORIGIN:	
NAME OF SCHOOL DISTRICT LAST ATTENDED (If different from above):		ADDRESS OF SCHOOL DISTRICT LAST ATTENDED:	

TO (School District Child is Attending, include full address):		FROM (County Department of Social Services, include full address):	
Date Entered this District / /		Does Child have an IEP? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Pursuant to Section 445.1 of the Social Services Regulations, I am notifying you of the foster care placement of the above named child. For additional information regarding this notification, please contact:			
CONTACT PERSON (Please Print Name):		TITLE:	(AREA CODE) TELEPHONE NO.: () -

NAME OF SOCIAL SERVICES COMMISSIONER CHARGED WITH CARE OF CHILD:		ADDRESS OF SOCIAL SERVICES COMMISSIONER CHARGED WITH CARE OF CHILD:	
NAME OF AUTHORIZED AGENCY ACTING FOR COMMISSIONER:		ADDRESS OF AUTHORIZED AGENCY ACTING FOR COMMISSIONER:	
SIGNATURE OF COMPLETING OFFICIAL:		TITLE:	DATE:
E-MAIL:		PHONE:	

NAME OF CASEWORKER (Please Print):		(AREA CODE) TELEPHONE NUMBER: () -
COMMENTS:		

PREPARE WITHIN 10 DAYS OF FOSTER CHILD'S ADMISSION TO SCHOOL.

Original – To Agency; 1 Copy – School District child now attends; 1 Copy – To School District child resided in when child entered Foster Care

INSTRUCTIONS
(Please Print all Information clearly)

In the first bold box:

- Enter name, address and date of birth OR age of child entering foster care.
- Enter the gender of the child entered in the foster care system.
- Enter date child entered the foster care system.
- Enter foster parent's name and phone numbers.
- Enter address of foster parents OR
- If applicable, Enter Name/Address of Guardian, Agency Boarding OR Group Home.
- Enter Parent's name(s), address, phone # only if child is Home on Trial Basis (HOTB)*
- Enter name, address and phone number of the school district the child resided in when child entered foster care.
- Enter name of the school district the child last attended if different from the one entered above.

In the second bold box

- Enter the school district the child is attending.
- Enter the county department of social services handling the foster care.
- Enter the date the child entered district.
- Does the child have an Individualized Education Plan (IEP)?
- Enter a contact person's printed name and their area code and phone number.

In the third bold box

- Enter the name and address of the social services commissioner charged with care of the child.
- Enter the name and address of the authorized agency acting for the commissioner.
- Signature of the completing official, their title, phone number, e-mail and date.

In the last box

- Print the name of the social services caseworker, their area code and phone number.
- Comments the social services caseworker may have.

Distribution of copies

If using a printed copy from the web, please make 3 copies. Send the original to the Agency, one copy to the School District the child now attends and one copy to the School District the child resided in when the child entered Foster Care.