

Solano County Health & Social Services Department

Mental Health Services
 Public Health Services
 Substance Abuse Services
 Older & Disabled Adult Services



Eligibility and
 Employment Services
 Children's Services
 Administrative Services

Ann Edwards, Director

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 Child Welfare Services & Older and Disabled Adult Services (CARES)

P.O. Box 12000, MS 5-230, Vallejo, CA 94580
 (707) 784-8280 Fax (707) 421-7709

FAX NOTIFICATION OF PLACEMENT CHANGE

Date:	Distribution: <input checked="" type="checkbox"/> Minor's Attorney FAX: 429-1520 <input checked="" type="checkbox"/> Mental Health OA (Inter-Office Distribution, Fax Only) <input checked="" type="checkbox"/> Public Health Nurse OA (Inter-Office Distribution to include entire form) <input checked="" type="checkbox"/> Out-of-Home Placement Unit OA (Inter-Office Distribution to include entire form) <input checked="" type="checkbox"/> Placement Coordinator (Inter-Office Distribution to include entire form)	Distribution, if applicable: <input checked="" type="checkbox"/> First Place for Youth (For youth 15 1/2 years and older) FAX # 430-4379 <input checked="" type="checkbox"/> SCOE -- Becky Cruz (For School Aged Youth, approximately 5-18 years old) FAX # 421-2745
Child Name: _____ AKA: _____ Favors: _____ DOB: _____ Gender: _____ Court #: _____ Educational Surrogate: _____	Social Worker: _____ Social Worker Phone: _____ Initial Placement: <input type="checkbox"/> Yes <input type="checkbox"/> No Re-entering: <input type="checkbox"/> Yes <input type="checkbox"/> No	Minor's Counsel: _____ Address: _____ Phone #: _____
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;">OLD PLACEMENT INFORMATION</p> Confidential Placement Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> End Date: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Alt. Phone: _____ Reason Removed/Change of Placement: <input type="checkbox"/> Adoptive Placement Agreement Signed <input type="checkbox"/> Child in Medical Facility <input type="checkbox"/> Child Abducted <input type="checkbox"/> Child Refused Services <input type="checkbox"/> Child Ran Away from Placement <input type="checkbox"/> Complaint on Foster Home <input type="checkbox"/> Child's Behavior <input type="checkbox"/> Committed to State Hospital <input type="checkbox"/> Higher Level of Care Required <input type="checkbox"/> Post-Adopt Placement <input type="checkbox"/> Foster Home/Agency Request <input type="checkbox"/> Moved from Emergency Shelter If Applicable, AWOL Date: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Inter county Transfer <input type="checkbox"/> Licensed Substitute Care Provider Moved <input type="checkbox"/> Minor Mother needs to be placed w/child <input type="checkbox"/> Child adjudged 601/602 <input type="checkbox"/> Child placed in foster care <input type="checkbox"/> Placed with Guardian <input type="checkbox"/> Placed with Relative (Parent or other) <input type="checkbox"/> Placed with Parent <input type="checkbox"/> Other: (Explanation required) </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;">OLD SCHOOL INFORMATION</p> Previous School Name: _____ Grade: _____ District: _____ County: _____ Leave Date: _____ Reason for Withdrawal: _____ Special Ed.: <input type="checkbox"/> Yes <input type="checkbox"/> No IEP Records Exist <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IEP, 504 plan eligible <input type="checkbox"/> AB 3632 (26.5) eligible If change in school placement, did the youth return school property and collect personal belongings: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown </div> <div style="width: 48%;"> <p style="text-align: center;">NEW SCHOOL INFORMATION</p> Current School Name: _____ Grade: _____ District: NA County: _____ Start Date: _____ <input type="checkbox"/> Considered proximity to the school in which the child was enrolled at the time of placement Holder of Educational Rights notified/involved with school placement change? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>		



Fax Notification of Placement Change

Solano County Probation to SCOE FYS

Completed By: _____ Title: _____ Phone No. _____ Date: _____

Please fax to the SCOE FYS Coordinator at (707) 421-2745

Personal Information

Child's Name: _____ AKA: _____
DOB: _____ Gender: _____
Probation Officer: _____ Phone Number: _____
Court #: _____

Previous Placement Information

Confidential Placement: Yes No
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Alt. Phone: _____
End Date: _____

Placement Type:

- FFA Name: _____
- Group Home Name: _____
- Medical Facility Name: _____
- Kinship Court Specified
- Guardian with Dependent
- Removed from Parent/Guardian

If Applicable, AWOL Date: _____

Current Placement Information

Confidential Placement: Yes No
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Alt. Phone: _____
Start Date: _____

Placement Type:

- FFA Name: _____
- Group Home Name: _____
- Medical Facility Name: _____
- Kinship Court Specified
- Guardian with Dependent
- Returned to Parent/Guardian

Previous School Information

School Name: _____
District: County: _____
Grade: _____
Leave Date: _____
Start Date: _____
Phone No. _____

Current School Information

Same as Previous: Yes No
School Name: _____
District: _____
County: _____
Grade: _____

The information contained in the transmission may be confidential. It is intended only for the use of the individual to who it is addressed. If you are not the intended recipient, or the employee or agency responsible to deliver it to the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you receive this facsimile in error, please immediately notify the send by telephone.

SCHOOL CHANGE NOTIFICATION
FAX COMPLETED FORM TO (707) 421-2745

Confidential Information to be placed in the student's cumulative file

TO BE COMPLETED BY THE PLACING AGENCY:

Please check all that apply

<input type="checkbox"/>	<u>Within 24 hours</u> of determining that a placement change may result in a change of school, the Placing Agency Staff must notify the court, child's attorney and educational representatives or surrogate parents. <i>CRC 5.651(e)(1)(A)</i>
<input type="checkbox"/>	If a child has an IEP , the Placing Agency Staff must provide written notice of the impending change of school to the current Local Education Agency and the receiving SELPA at least 10 days in advance . The Placing Agency Staff will identify the child's Educational Rights Holder/Surrogate and provide other relevant information that will be useful in implementing the child's IEP. <i>CRC 5.651 (e)(1)(B), GC § 7579.1.</i>
STUDENT'S LEGAL NAME: _____ DOB: _____ GRADE: _____ LAST SCHOOL ATTENDED: _____ DISTRICT: _____ NEW SCHOOL: _____ DISTRICT: _____ FOSTER PARENT(S) NAME: _____ TELEPHONE: (____) _____ ALTERNATE TELEPHONE: (____) _____ GROUP HOME: _____ TELEPHONE: (____) _____ DATE OF EXIT: _____ COUNTY OF ORIGIN: _____ SOCIAL WORKER/PROBATION OFFICER NAME: _____ TELEPHONE: (____) _____ EDUCATIONAL RIGHT'S HOLDER/SURROGATE: _____ TELEPHONE: (____) _____	
<u>REASON FOR WITHDRAWAL</u>	
<small>check One</small>	
New Foster Home: <input type="checkbox"/> Graduated: <input type="checkbox"/> Ran Away/AWOL: <input type="checkbox"/> Reunified: <input type="checkbox"/> Other Reason: _____	

Within 48 hours of notice (per EC § 48853), the following must be completed:

To be completed by the School Designee

➤ **INSTRUCTIONS:** This form should be completed by the date of student withdrawal. When completed, fax form and attachments to (1) **NEW SCHOOL** registrar/attendance personnel/designee **AND** (2) **Child Welfare Services/ Forward official records to the new school upon request.**

When completed, FAX a copy of records A-G, where applicable.

A. Immunization Records	E. Psycho-Educational Assessment Report
B. Unofficial Transcript or Report Card	F. Withdrawal Grades
C. Individualized Education Plan (IEP)	G. Attendance Record
D. 504 Accommodation Plan	

AB 490 Notification RESIDENTIAL PLACEMENT CHANGE FORM



CONFIDENTIAL INFORMATION

Please notify the appropriate school that a student has a new residential address

Student Information

Date: _____

Student Name: _____ DOB: _____ Grade: _____

AKA/Alias: _____

Name of Current Enrolled School: _____

Last School Attended: _____ Grade: _____

Address or City of Last School: _____

This home is identified as a **Confidential Placement** do not share the address information without prior approval from the minors attorney.

LEFT DISTRICT **REUNIFIED WITH PARENT** **AWOL**

New Care Taker Information

Foster Parent's Name: _____

Telephone: _____ Alternate Telephone: _____

Address: _____

City: _____ State: _____ Zip Code _____

FFA: Name: _____ Telephone: _____

Group Home Name: _____ Telephone: _____

Social Worker/ Probation: _____ Telephone: _____

Educational Support Services

Student Study Team (SST)..... Yes No Date of last SST: _____

504 Plan..... Yes No Date of last 504: _____

Individual Education Plan (IEP)..... Yes No Last IEP meeting: _____

Last Tri-Annual: _____ School: _____

Date

District and County: _____

Person Holding "Educational Rights": _____

Relationship: _____ Telephone: _____

(If parental Educational Rights have been limited is there a copy of the JV-535 in the student's file)

Solano County Office of Education, Foster Youth Services Program
2460 Clay Bank Road, CA 94533
(707) 399-4846 Direct
(707) 421-2745 Fax

Forms/Placement Change Form 10/2/14 RF

PLACEMENT CHANGE FORM Date Faxed: _____ Sent By: _____ Receiving District: _____