

HUMAN SERVICES AGENCY

P.O. BOX 11130

RENO, NEVADA 89520-0027

PHONE: (775) 785-8600  
FAX: (775) 785-8648

Placement Change Form

(Information is shared internally AND with Washoe County School District)

|  |  |  |  |
| --- | --- | --- | --- |
| Case Name: |  | Case No.: |  |

Child/Children:

|  |  |  |
| --- | --- | --- |
| Name | DOB | Child’s Attorney |

|  |  |  |
| --- | --- | --- |
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| --- | --- | --- | --- |
| Date Child/Children Placed / Moved: |  | Are we keeping legal? | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Placement From (Name Required): |  | Relationship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Placement To (Name Required): |  | Relationship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| New Placement Address): |  | Contact Number: |  |

Placement Type:  Comment:

REQUIRED for WCSD

School Information:

Child       Current School       New School, if applicable

Child       Current School       New School, if applicable

Child       Current School       New School, if applicable

Child       Current School       New School, if applicable

1. Please list the complete name(s) and relationship(s) of individuals, including bio parents, that are authorized to pick up the child(ren) from school:
2. Please list the complete name(s) and relationship(s) of individual(s) who legally SHOULD NOT have access to the child(ren) due to safety concerns:

Address / Information if New Relative – OR – if Placement other than in Washoe County

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | DOB | SS# |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | DOB | SS# |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Street | Apt. # | City | State | Zip Code |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Phone # (Main) | Phone # (Cellular) | E-Mail Address (if available) |

|  |  |  |
| --- | --- | --- |
| Licensed  Unlicensed  Pending | If Licensed, Copy of License to Eligibility? | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Paid |  | If Paid, Copy of Rate Sheet to Eligibility? | Yes  No |

|  |  |
| --- | --- |
| Unpaid If Unpaid, is Placement a Relative? | Yes  No |

|  |  |
| --- | --- |
| If Yes, Relationship? |  |

|  |  |
| --- | --- |
| Is Parent in the home? | Yes  No |

|  |  |
| --- | --- |
| Has eligibility been contacted to determine if a new Medicaid application is required? | Yes  No |

Additional Information:

This letter is intended to provide information necessary to allow, as the County of Washoe and the undersigned case worker, the above mentioned placement to seek and participate in all aspects of the above-mentioned child(ren)’s education. If you, the reader, has any questions, concerns or inquiries into the above-mentioned child(ren) or this consent, please contact the case worker listed below.

|  |  |
| --- | --- |
|  |  |
| Case Worker | Date |
|  |  |
| Office Telephone |  |
| Agency Cell Phone    Email address |  |

Case Worker Instructions:

1. All Legal Cases: Completed Placement Change form should be emailed to SS – Placement Changes, SS – Eligibility.
2. UNITY staff will forward the completed Placement Change Form to Washoe Legal Services ([iyoungs@washoelegalservices.org](mailto:iyoungs@washoelegalservices.org)) and the school counselor/secretary-registrar, as applicable, to the outgoing and incoming schools. See [Secretaries – Counselors](http://wcsharepoint/socialservices/ss/Washoe%20County%20School%20District/Forms/AllItems.aspx) list on SharePoint.
3. This form should be used to identify ANY changes in placement, to include same foster care provider with a new address, changes in foster care providers and case closures.