**LDSS-2999** (Rev. 08/2018) FRONT

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**SCHOOL DISTRICT NOTIFICATION OF CHILD ENTERING FOSTER CARE**

# PLACED IN A FOSTER FAMILY, AGENCY BOARDING, OR GROUP HOME

*(Please print information)*

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| CHILD ENTERING FOSTER CARE *(FULL NAME)*:       | DATE OF BIRTH OR APPARENT AGE:    /    /     , OR       |
| ADDRESS OF CHILD WHEN CHILD ENTERED FOSTER CARE:       | GENDER:[ ]  Male [ ]  Female |
| DATE CHILD ENTERED FOSTER CARE:   /    /      |
| DATE CHILD LEFT 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 [ ]  Guardian [ ]  Agency Boarding [ ]  Group Home [ ] *\* 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:      |

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| **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?** [ ]  NO [ ]  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:      |
| EMail:       | (AREA CODE) TELEPHONE NO.:(   )     -      |

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

***COMPLETE AND TRANSMIT WITHIN 10 DAYS OF CHILD ENTERING FOSTER CARE.***

**One copy**to originating agency,**one copy** to school district child now attends,and

**one copy** to school district child resided in when child entered foster care

**LDSS-2999** (Rev. 07/2018) REVERSE

**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 into the foster care system.
* Enter date child entered and left the foster care system.
* Enter foster parent’s name and phone number.
* 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 number only if child is home on trial basis (HOTB)
* Enter name, address, and phone number of the school district the child resided in when the 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 foster care.
* Enter the date the child entered the district.
* Does the child have an Individualized Education Plan (IEP)?
* Enter a contact person’s printed name and his/her 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, his/her title, phone number, email, and date.

**In the last box**

* Print the name of the social services caseworker, his/her area code and phone number.
* Comments the social services caseworker may have.

**Distribution of copies: One copy** to LDSS, **one copy** to school district of attendance, and

 **one copy** to school district of origin, if different