**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)*

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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