



NOTICE OF DECISION REGARDING REVIEW OF CHILD'S CATEGORY OF SUPERVISION

State Form 55194 (2-13)
DEPARTMENT OF CHILD SERVICES

Name of Foster Parents	Date (month, day, year)
Name of Licensed Child Placing Agency (LCPA) (if applicable)	
Address (number and street, city, state, and ZIP code)	

The above-named foster parents requested a review of the category of supervision pursuant to 465 IAC 2-17 or 465 IAC 2-18 for the following child:

Name of child	Type of review requested (check one) <input type="checkbox"/> Initial review request <input type="checkbox"/> On-going review request
Child's current category of supervision (check one) <input type="checkbox"/> Foster Care <input type="checkbox"/> Foster Care with Services <input type="checkbox"/> Therapeutic <input type="checkbox"/> Therapeutic Plus <input type="checkbox"/> Other: _____	

DCS has evaluated the Request for Review and made the following decision (check one):

- Your Request for Review was rejected because (check one):
 - Your Request for Review was received after the required deadline for you to request an initial review. Your Request for Review was received on: _____
 - You have already submitted one on-going Request for Review during the past six (6) months. Only one on-going Request for Review may be submitted every six (6) months.
 - Your Review Request was incomplete. The following information was missing: _____
 - The Child Placing Agency (CPA) or Foster Parent has a current license that is in the process of being revoked by the Indiana Department of Child Services (DCS).
 - The child is no longer placed with the Child Placing Agency (CPA) or Foster Parent.
- Your Request for Review was accepted; and, after completion of the Review, DCS has found that (check one):
 - A new assessment will not be completed because no new information has been found. The child's category of supervision will remain the same.
 - Sufficient information was found to warrant the completion of a new, approved assessment. After completion of the new assessment, the child's category of supervision is the same.
 - Sufficient information was found to warrant the completion of a new, approved assessment. After completion of the new assessment, the child's category of supervision has been revised. The child's new category of supervision is: _____

The child's new category of supervision, if changed above, will be effective as of the date of this Notice. Any payments made by DCS after the date of this Notice will be adjusted in accordance with the final, approved category of supervision for the child.

Signature of DCS local office director	Date (month, day, year)
Printed name of DCS Local Office Director	Title of DCS Local Office Director