



NOTICE TO RELATIVES

State Form 55211 (R3 / 11-20)
DEPARTMENT OF CHILD SERVICES

Date (month, day, year)

INSTRUCTIONS: The Family Case Manager (FCM) must prepare this notice and provide to all required relatives, as defined by IC 31-9-2-107. If multiple children are involved in the same case and have the noticed relative in common, the same form may be used for all children. If either of those conditions are not met, then separate forms must be completed. See policies 2.26 Diligent Search and 4.28 Involuntary Removals for more information.

TO:

Name of relative (first and last)
Address (number and street, city, state, and ZIP code)

REGARDING:

List the first and last name of each child
List the first and last name of each child
List the first and last name of each child
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List the first and last name of each child

The Indiana Department of Child Services (DCS) is required by law to notify you of the following:

1. The minor child(ren) listed above has/have been removed from the home of the child(ren)'s parent, guardian, or custodian. **Facts regarding the removal are confidential.** DCS will **not** be able to share confidential information with you. See policy 2.06 Sharing Confidential Information for further guidance.
2. As a relative of this/these child(ren), you may be able to do the following:
 - a. Be a caregiver or placement for the/these child(ren);
 - b. Become a licensed foster parent and receive financial assistance to care for the child(ren);
 - c. Visit with the child(ren);
 - d. Participate in Child and Family Team (CFT) meetings where decisions about the child(ren)'s care will be made;
 - e. Provide information concerning the family or child(ren)'s membership or eligibility in an American Indian / Alaska Native tribe; and/or
 - f. Adopt or obtain guardianship of the child(ren) in the event that the child(ren) is/are unable to safely return home. You may also be able to enter into an agreement with DCS to receive financial assistance.
 - g. Many of the above options may require criminal background checks for everyone who will be involved with the child(ren).

Please contact the FCM at the telephone number listed below if you are interested in possible placement and care of this/these child(ren) or if you have any information you would like to provide that you feel may be helpful for DCS to know.

Printed name of FCM	Telephone number ()
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