Reset Form

RECORD OF CHILD PLACEMENT

State Form 54610 (1-11)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The foster parent must complete this record for each child placed in the home.

NAME	DATE OF BIRTH *(month, day, year)*	COUNTY / FAMILY CASE MANAGER	DATE OF ARRIVAL *(month, day, year)*	DATE OF DEPARTURE *(month, day, year)*