NOTICE OF CHANGE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FOSTER CARE
SFN 45 (11-2011)

Clear Fields

Name of Child	CCWIPS Number	Trial Home Visit ☐ Yes ☐ No

CHANGE IN PLACEMENT

Name of New Foster/Group Home			Date of Change
Address	**City**	**State**	**ZIP Code**

CHANGE IN PARENTS STATUS

1. ☐ The child's parents are now living together in the home from which the child was removed.

   Are either of the parents disabled?
   ☐ No ☐ Yes-List Disability

   Does the disabled parent receive disability income?
   ☐ No ☐ Yes-List Amount Type

   Are either of the child's parents unemployed?
   ☐ No ☐ Yes

2. Are either of the child's parents now working? ☐ No ☐ Yes

Name of Employer	Amount of Earnings

3. ☐ Child's parents have moved.

New Address	City	State	ZIP Code

4. ☐ The child's parents are no longer living together in the home from which the child was removed.

CHANGE IN CHILD'S FINANCIAL SITUATION

1. INCOME

☐ The child no longer has the following type of income:	Amount of Income
☐ The child now has the following type of income:	Amount of Income

2. ASSETS

☐ The child no longer has the following type of asset:	Amount of Asset
☐ The child now has the following type of asset:	Amount of Asset

CLOSING FOSTER CARE

Date Child Left Foster Care	Trial Independence ☐ Yes ☐ No ☐ Not Applicable

Reason Child Left

Name of Social Worker	Date