

Notification of Out of Home Community Placement for Children/Adolescents

- A.** North Carolina Administrative Rules require that when children/adolescents served through local public mental health, developmental disabilities and substance abuse services systems are placed in a community program out of their home community or reside in ICF/MR facilities, the home¹ area authority or county program is responsible for notifying the following:
- Legal guardian
 - Others involved in care and treatment
 - Host² community provider
 - Host community representatives (may include the court counselor, county DSS, regional children's developmental services agency (CDSA) or the local education authority)
- B.** This is the official form for such notification.
- C.** Notification shall be made within 3 business days of placement by fax or hard copy.
- D.** In the case of an emergency placement, notification by telephone is acceptable, with written notification the following day.

Date: _____ Name of Child/Adolescent: _____
Date of Birth: ____ / ____ / ____ Date of Placement out of Home Community: _____
Grade: _____ Common ID#: _____ Social Security #: _____

Parent/Legal Guardian Name(s): _____
Address: _____
Phone: _____ E-mail: _____

Home Area Authority/County Program: _____
Contact Person: _____
Address: _____
Phone: _____ E-mail: _____

Host Area Authority/County Program: _____
Contact Person: _____
Address: _____
Phone: _____ E-mail: _____

Home DSS: _____ Contact Person: _____
Address: _____
Phone: _____ E-mail: _____

¹ A home program is one in the community of the child/adolescent's legal residence.

² A host program is one in the community in which the child will be residing.

Host DSS: _____ Contact Person: _____

Address: _____

Phone: _____ E-mail: _____

Home School: _____

Principal: _____

Special Education Program Administrator: _____

Address: _____

Phone: _____ E-mail: _____

Host School: _____

Principal: _____

Special Education Program Administrator: _____

Address: _____

Phone: _____ E-mail: _____

Physical Custodian/Provider: _____

Address: _____

Phone: _____ E-mail: _____

Person Completing Form: _____

Agency: _____

Address: _____

Phone: _____ E-mail: _____
