



Placement Termination of Foster Child

Name of Child: _____ Case Number: _____

Name of Foster Parent: _____ Home Number: _____

Date of Removal: _____ Reason for Removal: _____

Discharge Codes

(Where children are being discharged to)

1. Parents' Home
2. Other Relatives' Home
3. Adoptions
4. Guardians
5. Emancipation
6. Other FFA
7. Group Home
8. State/County Home
9. Hospital
10. Ran Away
11. Death

Name and address of new caretaker:

Inventory of Minor's Personal Belongings completed? Yes _____ No _____

Signature of Foster Parents _____ Date _____

Signature of ATC Social Worker (if available) _____ Date _____

Signature of County Social Worker (if available) _____ Date _____

Signature of Person Taking Child _____ Date _____

This Form is to be Placed in the Child's Home File.