



U.S. Department of Health and Human Services

OMB Control No: 0970-XXXX
Expiration date: XX/XX/XXXX

OFFICE OF REFUGEE RESETTLEMENT
Division of Children's Services
LONG TERM FOSTER CARE PLACEMENT MEMO

Type of long term foster care (LTFC) placement requested: **Choose an item.**

Minor's Name: Click here to enter text.	A#: Click here to enter a date.
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Foster care agency has found a placement for the above minor. Please use the foster care program address and phone number for all contacts with the youth, including change of venue forms.

Foster care program: Click here to enter text.	Program Address: Click here to enter text.
Foster care program staff responsible for transfer: Click here to enter text.	Phone #: Click here to enter text.

Placement Type:

- Traditional Foster Care
 Therapeutic Foster Care
 Group Care
 Residential Treatment Center
 Other (Please specify): Click here to enter text. In Network? Yes No

Name of Foster Family: Click here to enter text.	Address: Click here to enter text.
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- Describe how this placement meets the minor's needs identified in the *Case Summary and Individual Service Plan*:
Click here to enter text.
- Describe family, household, and community setting: Click here to enter text.
- For an initial transfer into LTFC *only* (if a change of placement for a minor already in LTFC skip and move to 4):
 - Has a legal service provider or attorney found that the minor would be eligible for legal relief in the receiving jurisdiction? **Choose an item.**
 - What is the name and contact information for the legal service provider or attorney of record who will arrange legal services for the minor at the time of placement with your organization? Click here to enter text.
- For a change of placement for a minor already in LTFC *only* (skip if this is an initial transfer into LTFC). What are the reasons for the request? Click here to enter text.

In recommending the placement above, *foster care agency* has followed state guidelines and internal policies and procedures in recommending this placement.

Foster care program staff: _____ **Date:** _____