



**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.**

<b>Minor's Name:</b> Click here to enter text.	<b>A#:</b> Click here to enter a date.
--	--

*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.

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

<b>Name of Foster Family:</b> Click here to enter text.	<b>Address:</b> Click here to enter text.
--	--

- 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:** \_\_\_\_\_

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR to ensure continuity of services and tracking of records for a UAC following transfer. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.