# **PLACEMENT TERMINATION OF FOSTER CHILD**

*Instructions:* Complete this form in duplicate, give original to Foster Caregiver at time of removal, retain copy in service case.

### Caregiver & Placement Information

|  |
| --- |
| Caregiver Name |
|  |
| Placement Street Address |
|  |
| City/State/ZIP |
|  |

### Removal & Payment Information

|  |  |
| --- | --- |
| Date of Removal | Payment Stop Date |
|  |  |

### Signatures

|  |  |  |
| --- | --- | --- |
| CSW |  | Date |
|  | |  |

|  |  |  |
| --- | --- | --- |
| SCSW |  | Date |
|  | |  |

|  |  |
| --- | --- |
| Foster Caregiver | Date |
|  |  |