

State of Oklahoma  
 Department of Human Services  
 Therapeutic Foster Care

### Notice of Child's Location

Therapeutic foster care (TFC) agency staff completes this form immediately and faxes or e-mails to Child Welfare (CW) county of jurisdiction and county of placement workers, sending and receiving area resource coordinators (ARCs), as applicable, and CW agency liaison. If movement of child is after working hours, this form may be sent the next business day.

**Placement.** Complete when child's movement is:

Pre-placement       New admit       Re-admit       Change in placement

TFC agency			Date
Child		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Medicaid number	KK number	Social Security number	Ethnicity
Date of placement	County of placement		Date admitted to TFC agency
CW county of jurisdiction worker		County	Phone (     )
CW county of placement worker		County	Phone (     )
Current foster parent(s)			Phone (     )
Mailing address	City	State	Zip

**Change of placement.** Complete if applicable.

Number of changes in placement since last court hearing: \_\_\_\_\_

Foster home number: \_\_\_\_\_. Reflects number of moves within TFC agency.

Previous foster parent(s)			Phone (     )
Mailing address	City	State	Zip
			County

**Respite.** Complete when child's movement is:

Planned respite       Unplanned respite       Transitional respite       Planned respite ended

From foster parent(s)			Phone (     )
Mailing address	City	State	Zip
			County
To foster parent(s)			Phone (     )
Mailing address	City	State	Zip
			County
Child left for respite Date:      Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Child returned from respite Date:      Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

**Therapeutic leave.** Complete when child's movement is therapeutic leave.

Caregiver(s)	Relationship to child	Reason for leave
Mailing address	City	State
	Zip	Phone
Child left for therapeutic leave Date:      Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Child returned from therapeutic leave Date:      Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**Note:** Maximum of seven consecutive days or 28 days per placement year allowed for therapeutic leave.

**Absent without leave (AWOL).** Complete when child is AWOL.

Foster parent(s)	
Child went AWOL Date:      Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Child returned Date:      Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

AWOL days used in placement year to date: \_\_\_\_\_

**Note:** AWOL days may not exceed five days per placement year.

**Discharge.** Complete when child is discharged.

Foster parent(s) at discharge			
Date of discharge	Discharged to	Relationship to child	Reason for discharge

Describe the reason for child's movement if due to a change in placement, unplanned respite, or transitional respite. Attach incident report(s) if appropriate.

TFC agency staff	Date faxed
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If faxed, attach all confirmations before filing in child's file. Only one movement is documented per form.

Routing: Original - TFC agency record  
Copy - CW case record

## Definitions.

**AWOL.** Child in TFC has run away or his or her location is unknown to TFC agency.

**Change in placement.** Movement of a child to a placement other than the placement identified in the Oklahoma Department of Human Services (OKDHS) permanency plan.

**Discharge.** Child is moved from a TFC agency.

**Disruption.** Unplanned change of placement for a child.

**Planned respite.** Reprieve for the TFC foster parent with whom a child is placed and includes a defined time frame for length of the respite stay with an identified date for child to return.

**Therapeutic leave.** Child is absent from the TFC home to participate in birth family visits or adoption pre-placement visits, or to receive short-term crisis intervention with a plan for child to return. The days child leaves and returns are not counted as leave days.

**Transitional respite.** Stabilization and assessment period utilized following placement disruption to allow TFC agency and OKDHS staff to develop an appropriate plan, and may not exceed five working days. Any exception must be approved by child's CW county of placement supervisor.

**Unplanned respite.** Reprieve for the TFC foster parent with whom a child is placed and includes a defined time frame and a date for child to return, and may not exceed three working days. Any exception must be approved by child's CW county of placement supervisor.

## Reasons for discharge and change in placement.

- Abuse allegations, neglect allegations, or both against the foster parent(s)
- Adoption
- Approval for inpatient
- AWOL
- Child aged out/emancipation
- Child requested change of placement
- Court order
- Custody to relative
- Death of child
- Discharged to traditional foster care
- Guardianship
- Home
- Independent living
- Inpatient psychiatric facility
- Medical hospitalization
- Placement cannot meet child's behavioral treatment need
- Placement cannot meet child's medical treatment need
- Placement temporarily unable to care for child
- Placement with relative
- Placement with siblings/proximity to family
- Respite ended
- Reunification
- TFC agency requested change of placement - 48 hour notification
- TFC extension denied
- Transfer to another TFC agency
- Tribal jurisdiction
- Other