

## Notification of Out of Home Community Placement for Children/Adolescents

- A.** North Carolina Administrative Rules require that when children/adolescents served through local public mental health, developmental disabilities and substance abuse services systems are placed in a community program out of their home community or reside in ICF/MR facilities, the home<sup>1</sup> area authority or county program is responsible for notifying the following:
- Legal guardian
  - Others involved in care and treatment
  - Host<sup>2</sup> community provider
  - Host community representatives (may include the court counselor, county DSS, regional children's developmental services agency (CDSA) or the local education authority)
- B.** This is the official form for such notification.
- C.** Signed permission to release information must be obtained from parent or legal guardian prior to completion of notification form.
- D.** Notification shall be made within 3 business days of placement by e-mail, fax or hard copy.<sup>3</sup>
- E.** In the case of an emergency placement, notification by telephone is acceptable, with written notification the following day.

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Date: \_\_\_\_\_ Name of Child/Adolescent: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Placement out of Home Community: \_\_\_\_\_

Grade: \_\_\_\_\_ Common ID#: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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Parent/Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Home Area Authority/County Program: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Host Area Authority/County Program: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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<sup>1</sup> A home program is one in the community of the child/adolescent's legal residence.

<sup>2</sup> A host program is one in the community in which the child will be residing.

<sup>3</sup> E-mail communication: Before sending information by e-mail, it is the responsibility of the sender to ensure that both the sender and the receiver have HIPAA compliant software and procedures for safe-guarding confidential information sent electronically.

Home DSS: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Host DSS: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Home School: \_\_\_\_\_  
Principal: \_\_\_\_\_  
Special Education Program Administrator: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Host School: \_\_\_\_\_  
Principal: \_\_\_\_\_  
Special Education Program Administrator: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Physical Custodian/Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Person Completing Form: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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