



Residential Child Care Disruption/Discharge Notice Form

Child's Name		Date Submitted to OC-OK	Person Completing Form
DOB	Level of Care	Child Placing Agency/GRO/RTC	Foster Home
OCOK Care Coordinator		CPS Supervisor	CPS Worker

Instructions: The CPA or Facility shall submit this Disruption/Discharge Notice Form via email to the OCOK Discharge Box at discharge@oc-ok.org within the following timeframes:

- For an emergency disruption or discharge, submit this notice form within 12 hours of the decision to disrupt the current placement of the child.
- For non-emergency disruption or discharge, submit this notice form within 24 hours of the decision to disrupt the current placement of the child.

The CPA or Facility shall submit this form for any placement change involving children from Region 3b (Tarrant, Johnson, Hood, Somervell, Erath, Parker or Palo Pinto counties) after the child's initial placement.

Check the appropriate box below to indicate the notice period and reason for disruption or discharge:

24 hour disruption notice (Emergency):

- The child poses a danger to self or others to facilitate admission to a psychiatric hospital; or
- The child is placed in jail or juvenile detention facility and the CPA or Foster Home is not willing to accept return of the child upon release from jail or juvenile detention

Name of Facility: _____ **PIN #:** _____

14 day disruption notice (Non-Emergency):

- A psychiatrist, licensed Psychologist, physician, LCSW or LPC has provided documentation showing that the child consistently exhibits behavior that cannot be managed within licensed programmatic services. (Provider must attach documentation to this notice)
- The child has run away from the placement and current whereabouts are unknown. A 14 day disruption notice can be submitted once the child has been missing for 24 hours.
If child is found would you consider taking them back as placement? Yes No

Date Child Left Facility: _____

30 day disruption notice (Non-Emergency):

- It is no longer in the child's best interest to remain in the current foster home or the CPA cannot meet the needs of the child.

If a 14 day or 30 day disruption is requested please choose the one or two most closely related reasons for the request:

- | | | |
|-------------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> DFPS request | <input type="checkbox"/> Medical needs/Caregiver | <input type="checkbox"/> Medical Needs/Child |
| <input type="checkbox"/> Alleged abuse/Neglect | <input type="checkbox"/> Child's behavior | <input type="checkbox"/> Home/Facility Closing |
| <input type="checkbox"/> Investigation on foster home | <input type="checkbox"/> Concerns with bio parents | <input type="checkbox"/> Unable to meet needs |
| <input type="checkbox"/> Change in service level | <input type="checkbox"/> Youth aging out | <input type="checkbox"/> Language Barrier |

Request for Less Restrictive Placement (Non-Emergency, RTC/GRO/Shelter)

- Due to the progress this child has made we are requesting a foster family placement. The goals of the current program have been accomplished and the child is ready for a less restrictive environment. An official disruption notice is not being submitted, just a request for a placement search.

Positive Discharge

- Child has been discharged to the care of a parent, relative, kinship, or adopted.

Discharge Date:

Please respond to the information below for any disruption notice:

- **Provide explanation of why provider is requesting the disruption of placement:**

- **Describe attempts made to prevent placement disruption** (Please indicate which of the following disruption mitigation processes has been implemented).
 - Support services provided to foster parents (please elaborate below)
 - Crisis response plan implemented (please elaborate below)
 - Turning Point mobile crisis service contacted (please provide date and time below)

- **Provide recommendations for future placement:**

Signature Authority

Printed Name: _____

Printed Title: _____