**Child in Care Contact List**

You currently have a child/children in foster care that are placed in your home. Since the initial placement, there may have been a change in conact or representive for the child in care. Please update the contact information below and return to your case manager immediately.

**Foster home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Child in Care:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
|  | **Email address** | **Phone number** | **Address** | **Date of type of last contact**  **(in person, phone, zoom, facetime, mail)** |
| AFS Case Manager |  |  |  |  |
| DFPS Caseworker |  |  |  |  |
| Attorney Ad Litem |  |  |  |  |
| CASA |  |  |  |  |
| Primary Therapist |  |  |  |  |
| Primary Physician |  |  |  |  |

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Foster Parent Signature Date AFS Case Manager Signature Date