

VALLEY OF THE MOON CHILDREN'S HOME

NOTIFICATION OF SATELLITE FOSTER HOME PLACEMENT

TO: HUMAN SERVICES DEPARTMENT

FROM: VALLEY OF THE MOON CHILDREN'S HOME

SUBJECT: PLACEMENT OF MINOR(S) IN SATELLITE FOSTER HOME

DATE OF PLACEMENT: _____

NAME OF MINOR(S) BEING PLACED:

_____	D.O.B.	_____
_____	D.O.B.	_____
_____	D.O.B.	_____
_____	D.O.B.	_____

This will inform you that the above minor(s) was/were placed on this date in the following Satellite Foster Home:

NAME OF FOSTER PARENTS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

cc: Minor's file
Social Worker