|  |  |
| --- | --- |
| **CHILD(REN)’S INFORMATION** | |
| **Child(ren) Name(s):** |  |
| **Date (s) of Birth:** |  |
| **Legal County:** |  |
| **SOCIAL SERVICES PROTECT AND PLACEMENT CASE MANAGER’S INFORMATION** | |
| **Name:** |  |
| **Office Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |
| **SOCIAL SERVICES PROTECT AND PLACEMENT SUPERVISOR’S INFORMATION** | |
| **Name:** |  |
| **Office Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |
| **COUNTY DIRECTOR OR DESIGNEE** | |
| **Name:** |  |
| **Office Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |
| **IN CASE OF AN AFTER-HOURS EMERGENCY** | |
| **Name:** |  |
| **Contact Number:** |  |

