

Date

Re: List all Child(ren) and DOB
DHS Case #

Dear Interstate Coordinator:

Please see the attached material and request for a home study for possible placement of the above listed minor(s).

Resource's name(s) and relationship(s), has indicated that they wish to be considered as a placement resource for child(ren)'s name. At this time, Child(ren)'s name(s) are in a foster placement and cannot be returned to a parent.

Resource address is:

Resource name
Street Address
City, State, Zip code
Area code, Phone number

Our proposed plan is to place child(ren)'s name with resource(s)'s name. The next court hearing is scheduled for Date. We are requesting a home study to be completed by date MM/DD/YY.

The following specific issues should be addressed in the study: resource(s) name(s)'s ability to care for child(ren)'s name(s), the appropriateness of the home, methods of discipline, case specific issues, and whether or not the worker recommends this home for placement of child(ren)'s name.

If placement is approved and the child is placed, Oregon requests face to face contact with the child a minimum of once every 30 days.

The Oregon Department of Human Services will be financially responsible for this placement. Arrangements are indicated on the enclosed financial/medical plan (form CF1044). Child(ren) is IV-E eligible. Should this placement disrupt, Oregon will be responsible for costs authorized by DHS.

Thank you for your assistance in this matter. If there are any questions, I can be reached at phone number.

Sincerely,

Your name
Social Service Specialist

Attachments