

**HUON VALLEY COUNCIL CHILDRENS SERVICES
NOTIFICATION OF FAMILY LEAVING CARE 2015**

Date: / / Family Name: _____ Effective from / / Time: _____

Child's Name	Age	Mon	Tues	Wed	Thur	Fri	Program
							asc/vac/cot/gelcc/dcc
							asc/vac/cot/gelcc/dcc
							asc/vac/cot/gelcc/dcc
							asc/vac/cot/gelcc/dcc

Reason for leaving care: _____

New address: _____

_____ Phone: _____

Fees paid in full Yes / No

Parent's/Carer's Name & Signature _____

*** In case of court orders, these details are required to be completed by the relevant DHHS Representative**

Office use
Computer updated θ date / /
Survey forwarded θ date / /

Staff member signature _____