**NOTICE OF CLIENT CHANGE OF COUNTY RESIDENCE**

**Use of form:** Use of this form is voluntary; however, the information requested must be provided. County agencies are required under s. 48.57(2m), Stats. “to notify another county department when a person who is receiving child welfare services under s. 48.57(1), Stats. from one county department has changed his or her county of residence.” Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| --- | --- | --- | --- | --- | --- | --- |
| Date – Form Completed (mm/dd/yyyy) | | | | New County of Residence | | |
| TO: | County Department of New Residence | | | | Email or Fax Number | |
| FROM: | Name – County Representative From Previous County of Residency | | | | Title | |
|  | Address (Street, City, State, Zip Code) | | | | Telephone Number or Email | |
| RE: Notice of Client Change of County of Residence | | | | | | |
| This is to notify you that the family identified below has moved from       County, and is now residing in       County. | | | | | | |
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| Name(s) – Child(ren) | | | | | | |
|  | | | | | | |
| Name(s) – Parent(s) | | | | | | |
|  | | | | | | |
| New Address (Street, City, State, Zip Code) | | | | | | |
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| Services Offered or Provided | | | | | | |
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| This case is:  Voluntary  Consent Decree  Court Ordered  Other – Specify: | | | | | |  |
|  | | | | | | |
| For additional information, contact: | | | | | | |
| Name – Caseworker: | |  | | | | |
|  | | | | | | |
| Telephone Number – Caseworker: | | |  | | | |
|  | | | | | | |
| Email: |  | | | | | |