

## NOTICE TO LUCAS JOB & FAMILY SERVICES OF REMOVAL OF CHILD

SENT:

Date Child(ren) Removed:

**Removed From:**  Own Home     Relative     Foster Care     Free Home

**Placed With:**     Own Home     Relative     Foster Care     Free Home

Payee Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Parent Deceased Per Complaint:       Parent's Name: \_\_\_\_\_

Child's Name	Billing Number	Social Security Number	Receiving Assistance? Yes or No

Comments: \_\_\_\_\_