

SOCIAL SERVICES CONTACT SHEET

Date: _____

Child Name: _____

Address: _____

Parent's Name: _____

Current Placement: _____

ADVISED OF POSSIBLE NEED FOR PLACEMENT WITH DHS:

Date: _____ Personal Contact: _____ Phone: _____ Letter: _____

Counselor Recommendation: _____

Social Worker Contacted: _____

Social Worker: _____ Concur _____ Does Not Concur

Comments: _____

Youth Services Counselor: _____