

**MDHS – DIVISION OF YOUTH SERVICES
NOTIFICATION OF CHANGE OF CUSTODY / TRUANCY**

Distribution: 1. County Director, Economic Assistance
 2. MDHS-Division of Youth Services, Regional Director
 3. Community Services Counselor – File

Truancy Disposition **Youth Development Center Commitment**

County: _____

Child's Name: _____

Date of Birth: _____ **Social Security Number:** _____

Address: _____

Legal Guardian(s): _____

Address: _____

Effective Date of Custody Change: _____
(Youth Development Center Only)

The Legal Guardian has been advised to notify Economic Assistance when (if) child is returned to family's custody.

Youth Services Counselor