

**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

Training School Commitment

County: _____

Child's Name: _____

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

Address: _____

Legal Guardian(s): _____

Address: _____

Effective Date of Custody Change: _____

(Training School Only)

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

Youth Services Counselor