PLACEMENT CHANGE FORM

NOV 14 2000

Worker I.D. 7357
Worker Name Kellie Lewis

Date Requested 14 NOV 00
Child's Name Leigh Bierly
Child's 0# 040434225

Close _____ Effl. Date 09NOV00 Removal
(Current Placement) CFP Reason RH

MOVAL REASON:
Administrative Error
Adoption
Adoptive Failure
Emancipation
AP Adoptive Placement
CC Caretaker Change
CF Change to Foster Care
CT Change in Treatment Level
DT Death
HP Home Plac. Failure
IL Independent Living
RA Request of Agency
RC Request of Child
RF Reg. of Foster Parent
RP Relative Place
RH Returned Home
RR Released to Relative
RW Runaway

70. SERVICE/LIVING ARRANGEMENT: BOH

71. START DATE: NOV 14 2000 — 09 / NOV / 00 (DD MMM YYYY)

72. KINSHIP PLACEMENT TYPE:
AU Aunt/ Uncle
GP Grandparent
NB Neighbor/friend
NO Not kinship placement
NP Non-custodial Parent
SI Sibling
SP Step-parent
XX Other

BGH-SHELTER
COR-DETENTION
BGH-Youth Serv

73. LEGAL RISK PLACEMENT DATE: / / (DD MMM YYYY)

74. FORMAL ADOPTIVE DATE: / / (DD MMM YYYY)

75. PERMANENT FOSTER CARE/GUARDIANSHIP DATE: / / (DD MMM YYYY)

PURCHASED SERVICE

80. REG/BUDGET OFFICE:	81. WORKER ID:	82. UNIT	83. KIND	84. PROVIDER NAME:
TSC	7357	31	D	LISA Bierly

85. PROVIDER ID:	86. CONTRACT NO.	87. IND SVC ELIG:	88. NEW ELIG:	89. ELIGIBILITY CHANGE DATE:

NEW LIVING ARRANGEMENTS OR SERVICES: Codes in bold require caretaker information when corporate purchased service provider is not the direct caretaker.

BAF American Fork Training School
BFH Foster Home (Non-pay) BFH
BGH Group Home (Non-pay) BGH
BHR Home of Relative / Guardian BHR
BOH Living at Home
BSM State Mental Hospital
CAH Adoptive Home (not Final)
CFP Basic Foster Home
COR Correction Facility
CRT Res. Treatment facility (>25)
CRW Runaway
DIR Individual Residential Care
DOG Res. Group Care (Owner)
DOR Individual Residential Care
DRP Psych Residential Treatment
DRC Residential Group Care
DRM Residential Treatment Services
DST Res. Treatment Juv Sex Offender
DTF Res. Intensive Group Care-Teaching
EFP Emergency Foster Home
EIR Emergency Ind. Residential Care
FHX Ind. High Cost Maintenance
ILN Independent Living (Non-Pay)
ILP Independent Living
MFN Medical Facility/Nursing Home
SCP Basic Shelter Home
SEP Spec Emergency Foster Home
SFP Specialized Foster Home
SFS Structured Family Home
SHN Shelter (Non-Pay)
SSP Specialized Shelter Home

100. NEW CARETAKER NAME: LAST Bierly FIRST Lisa MI

101. ADDRESS: Street: 300E 6661S
City: Midvale State: UT Zip: 84047 County: SL

102. PHONE:	103. NEW LIVING ARRANG/SVC:	104. REMOVAL REASON:	104. REMOVAL DATE:
Pager 630-1144 (801) AREA CODE			/ / (DD MMM YY)

Filing Date (TPR) _____ Does this include MO & FA MO _____ FA _____
Legal Risk Screening _____ Change in Permanency Goal _____
A.G. Adopt. Pl. Conf. _____ Goal Change Date _____

Elig. Tech. Info. Only
Complete Info. When submitted _____ If not when did you received complete info _____
Date Completed NOV 14 2000