

Child & Family Services



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CHILD/FAMILY SERVICES CHILD ACTION/FOLLOW THROUGH REPORT

Enrollment Date	Service Options:Center BasedHome BasedFCCHLocation				
Drop Date					
Agency Teacher					
Full Name of Child					
	Last		First		Middle
Identified Special Needs Child?	☐ Yes		l No		
□ Re-Enrolled	□ Address Change				
☐ Transfer In From	☐ Application Correction				
☐ Transfer Out To	□ Other				
□ Termination					
Explanation of Action (reason for	r termination, correction	on, etc.):			
TERMINATION FOLLOW-T	HROUGH:				
Effective Date					
Future Address					
Stre	et	City	State	Zip	Phone Number
Forwarding AddressStre	et	City	State	Zip	Phone Number
Recommended Follow-Up	•	Olly	State	 -p	2.1010 1 (111100)
Ву		Agency			
Distribution: White - Delegate/DO Y	ellow – Child's File Pink	– As Needed	Gold – Parent		Mandatory