

SAMPLE DCF 603

DCF-603
08-2014 (rev)

Department of Children and Families
DCF Notification to the Local Education Agency

To: **Office of the Superintendent** [District Name] Date
(School district with financial responsibility)

Please be advised that: [Student Name] [Date of Birth]

Has been placed

Date of Placement [Date]

By the Department of Children and Families in a
(Check one box below)

Name and Address of Placement
[Name and address of
placement location]

- Foster Home
- Group Home
- Residential Facility
- Other (specify)
- The child requires special education and related services or has been referred to determine special education eligibility
- To the best of DCF's knowledge, Nexus exists with
Nexus School District: [Nexus District inserted here]

- Parent/Guardian Home
- Shelter

Basis of Nexus: (include name and address of the individual listed below who lives in town listed on the line above)

- Mother
- Father
- Guardian

Address: Address: Address:

Telephone: Telephone: Telephone:

No Nexus Exists

Parent Basis for Nexus

- Mother [e.g., Parental Rights have been Terminated, etc.]
- Father [e.g., Deceased, etc.]

NOTE: Based upon information available to DCF this Nexus/No Nexus status has existed since (date): **[Date]**

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Legal Status:

- The Commissioner of the Department of Children and Families **has custody but not guardianship**
- The Commissioner of the Department of Children and Families **is the legal guardian of the child**
- The Commissioner of the Department of Children and Families is **the statutory parent of this this child**
- DCF guardianship ended on: **[INSERT Date]**

Records:

- The child previously attended school in: **[District]**

C.G.S. § 17a-16a
School
Placement
Decision

- It is in the best interests of the child to remain in school of origin
- It is in the best interests of the child to attend the receiving school
- The child will remain in the school of origin until a best interest determination is made
- School placement decision is not applicable

DCF Social Worker/Juvenile Justice Social Worker

[Insert Name]

[Direct Telephone #]

[Date]

DCF Area Office/Facility

[Insert DCF Regional Office/Facility]

[Insert Address]

Copies Sent to:

- Surrogate Parent Program email: surrogate.office@ct.gov FAX: 860-713-7052
- School district where child is attending school: [INSERT District]
- School district that child left: [INSERT former district]
- Child’s Attorney and GAL (name(s)): [INSERT Name]
- Other: [e.g., INSERT the following
 - DCF regional consultant name and email
 - Surrogate parent name and email
 - Special education director name and email
 - Superintendent name and email where student is attending if different from nexus
 - School name and town
 - Siblings, if any, (we try to assign siblings to same surrogate)
 - Note if reunified or adopted and date
 - Etc.]