

IMMEDIATE REMOVAL/96-HOUR HOLD PLACEMENT NOTIFICATION

DCF-160

3/16 (Rev.)



TO: Caretaker			
Address: (No. and Street)	City	State	Zip

On this date:	The following child(ren):
Name of Child: _____	DOB: _____
Name of Child: _____	DOB: _____
Name of Child: _____	DOB: _____
Name of Child: _____	DOB: _____
Name of Child: _____	DOB: _____

is/are being placed in your care by the Department of Children and Families under the auspices of Connecticut General Statutes §17a-101g, which allows the Department to remove a child from his/her home for up to 96 hours. This form hereby gives you the authority to maintain this/these child(ren) in your home for the Department during this period, unless otherwise released by the Department.

The Social Worker assigned to this case can be reached by calling _____
 Monday through Friday from 8:30 a.m. to 4:30 p.m.
 On weekends, after office hours and holidays, you may reach the Department by calling the
Child Abuse and Neglect Careline at 1-800-842-2288.

Name of designated person who authorized this removal: _____	Title: _____
Immediate Removal Effective: _____	TIME: _____
Social Worker Name _____	Signature _____