

# INTERSTATE GUARDIANSHIP PLAN NOTICE

Department of Human Services

<b>TO:</b> (Name and Address of Compact Administrator) <b>Michigan Department of Human Services</b> <b>Interstate Office</b> <b>235 S. Grand Ave., Suite 401</b> <b>P.O. Box 30037</b> <b>Lansing, MI 48909</b>	<b>FROM:</b> (Name and Address of Supervising Agency)
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## IDENTIFYING INFORMATION

Child's Name	Birth Date	SWSS Log #
Name of Current Placement	Phone Number	
Complete Address of Placement Resource		
Name of Prospective Guardian, if different than above	Phone Number	
Complete Address of Prospective Guardian, if different than above		
County Office Name		

## PLACEMENT PLAN

The permanency plan for the above-named child has been changed to juvenile guardianship.

Any additional information:

### NOTE:

Upon closure of the foster care case by the court, follow Foster Care case closure procedures to notify the Interstate Office.

## SIGNATURES

Person / Agency Supplying Information	Phone Number	Date
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AUTHORITY: Public Act 200 of 2008. COMPLETION: Required. PENALTY: Case error.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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