



LifeSpan Family Services of PA

203 Lane Ave

Punxsutawney, PA 15767

Phone: 814-938-4408 Fax: 814-690-1850

www.LifeSpanFamilyServices.com

Family Composition Change Form

State regulations require resource parents to notify an LFS staff member when any change of household composition would occur within their home. As approved resource parents, notifications of such changes must occur within 24 hours of the change and documented on form provided.

Resource Family Name:	
Address:	
<input type="checkbox"/> Check if this is your new address	

Household Members	
<input type="checkbox"/> Addition of new household member	<input type="checkbox"/> Removal of household member
Date of change:	
Explain: _____ _____ _____	

Financial Situation (Job loss, job gain, etc.)	
Date of change:	
Explain: _____ _____ _____	

Pets	
<input type="checkbox"/> Addition of new pet	<input type="checkbox"/> Removal of pet
Date of change:	
Explain: _____ _____ _____	

Household Renovations	
<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition
Date of change:	
Explain: _____	

Foster Child Sleeping Arrangements	
Date of change:	
Explain: _____	

Vehicle	
<input type="checkbox"/> Addition of new vehicle	<input type="checkbox"/> Removal of vehicle
Date of change:	
Explain: _____	

Clearances / Criminal Charges	
Date of change:	
Explain: _____	

I/We certify that the changes and dates reported above are accurate.

Foster Parent Signature

Date

Foster Parent Signature

Date

LFS Staff Signature

Date