

# FOR YOUR INFORMATION

FYI FYI FYI FYI FYI FYI FYI FYI FYI FYI

Issue 16-15

Date: 4/27/16

This is to provide staff with an update to the posting of revised Policy to LAKids.

- [0100-510.40](#) Services for Teen Parents
- [0100-520.35](#) Kinship Guardianship Assistance Payment (KinGAP) Program
- [0100-502.52](#) Seven Day Prior Written Notice to Foster Parents of Intent to Remove a Child and Grievance Review Regarding Placement/Removal of a Child from a Foster Home
- [0600-500.00](#) Medical Hubs
- [0600-506.00](#) Promoting Children's Physical Health
- [0600-506.10](#) Child Health and Disability Prevention (CHDP) Program
- [0900-520.10](#) Requesting Public Transportation for Clients: Eligibility and Ordering
- [1200-500.90](#) Model Case Format (MCF)

**Revised forms:**

- [DCFS 489-3](#) Notice of Intent to Terminate Placement
- [DCFS 4161](#) Grievance Review (Eng) ([Spanish Version](#))
- [DCFS 561\(a\)](#) Medical Examination Form



If you have any questions regarding this release please e-mail your question to:

[Policy@dcs.lacounty.gov](mailto:Policy@dcs.lacounty.gov)