

**MDHS – DIVISION OF YOUTH SERVICES
NOTIFICATION OF CHANGE OF CUSTODY / TRUANCY**

Distribution: 1. County Director, Economic Assistance
2. MDHS-Division of Youth Services, Regional Director
3. Community Services Counselor – FILE

Truancy Disposition

**Oakley Youth Development Center
Commitment**

County: _____

Youth's Name: _____

Date of Birth: _____ **Social Security Number:** _____

Address: _____

Legal Guardian(s): _____

Address: _____

Effective Date of Change: _____

(Oakley Youth Development Center Only)

*The Legal Guardian has been advised to notify Economic Assistance when
(if) youth is returned to family's custody*

Youth Services Counselor