

**NOTICE OF INITIAL /RECLASSIFICATION
CASE STAFFING**

YOUTH'S NAME: _____

CLIENT ID #: _____

DATE: _____

This is to acknowledge that I have been made aware of and invited to participate in my case staffing schedule for:

_____ at _____
Date & Time of Case Staffing Facility

_____ Date
Youth's Signature

_____ Date
Witness

Note: Date of notification must be 24 HOURS prior to the date the staffing is scheduled.

File: Master Record - Clip II