

## Notice to RPAC of Discharge

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<b>To: RPAC</b>	<b>Name:</b>	Residential Placement Advisory Committee (RPAC) – Toronto Region
	<b>Address:</b>	Skylark Children, Youth & Families 40 Orchard View Boulevard, Suite 255, Toronto, Ontario M4R 1B9 <a href="mailto:RPAC@skylarkyouth.org">RPAC@skylarkyouth.org</a> FAX: 416.352.5761

<b>From: Service Provider</b>	<b>Name:</b>		<b>Telephone:</b>	
	<b>Address:</b>			

<b>This is to inform you that</b>	<b>Child's full name or identification code (1st and last letter of last name - 1st and last letter of first name – if consent not obtained)</b>	<b>Birthdate</b>	<b>Gender</b>

**Has been or will be scheduled for a follow-up and is being discharged from**

<b>Placement:</b>	on	<b>Date</b>
<b>Discharged to:</b>		

<b>Name:</b>	<b>Title:</b>	<b>Signature:</b>