



THE CHILDREN'S CENTER
P.O. BOX 512
SANFORD, ME 04073

CLIENT STATUS CHANGE REPORT

PARENT NAME: _____

CHILD'S NAME: _____

COMMENTS: _____ EFFECTIVE DATE: _____

TERMINATION

VACATION

FREE DAY(Explain)

ROOM CHANGE
CHANGE

OBJECTIVE CODE CHANGE

FULL-TIME/PART-TIME