



# Department of Public Health and Human Services

Child and Family Services Division ♦ PO Box 8005 ♦ 111 No. Last Chance Gulch, Suite 1D

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**Greg Gianforte, Governor**

**Charles T. Brereton, Director**

## Montana ICPC

RE: Disruption Letter

Child: \_\_\_\_\_

\_\_\_\_\_  
(name of person who is placing the child/legally responsible with authority to place)

will be responsible for medical treatment, discharge, and any disruption to treatment or placement. Should a disruption occur, signing/identified party will make arrangements to return child to Montana.

\_\_\_\_\_  
Signature (Must match above)

\_\_\_\_\_  
Date