



Programs for Infants and Children, Inc.
161 Klevin Street Suite 103 Anchorage, AK 99503-4580
Phone: (907) 561-8060
Fax: (907)563-3172
Email to: referrals@picak.org

Change of Placement Form

Please provide PIC with the updated placement information below:

Date of placement change: _____

Child's Legal Name: _____ *Change in legal name?

DOB: _____ *If yes please provide documentation of reason for name change

Placement Information: (Primary Contact)

First Name: _____

Last Name: _____

Address: _____

Contact Number: _____

Email: _____

Primary Language Spoken: _____

Additional Contact Information: (If additional adult in the home)

First Name: _____

Last Name: _____

Address: _____

Contact Number: _____

Email: _____

Case Worker Information

Name: _____

Phone: _____ Fax : _____

Email: _____

Guardian Ad Litem Information

Name: _____

Phone: _____ Fax : _____

Email: _____

Please send this completed form to PIC

Fax: (907)563-3172

Email to: referrals@picak.org