

Date: _____

Dear

A change of placement for _____ is planned by/within _____
Child/youth date/number of days

because

I would like to discuss the plan for _____ with you. Please contact me at
Child/youth

_____ by _____
Phone number Date

Check one:

- This change of placement will affect your Family Time and Contact Plan; it is important that we meet to modify the Family Time and Contact Plan.
- This change of placement will **NOT** affect your Family Time and Contact Plan.

Check one:

- This change of placement will/may require a school change.
- This change of placement will **NOT** require a school change.

If you do not agree with the change in placement for _____, you have the right to
Child/youth
ask for a review of the move by the Permanency Planning Review Team. If you would like to do this, contact me within 10 days of the date of this letter. You also have the right to have your attorney ask the court to review this matter.

Sincerely,

Child Welfare Agency Worker
_____ County

Phone number: _____