

Date: \_\_\_\_\_

Dear

On \_\_\_\_\_, a change of placement for \_\_\_\_\_ was necessary  
Date Child/youth  
because

Unfortunately, the agency was unable to let you know about this change before it occurred.

Please contact me at \_\_\_\_\_ by \_\_\_\_\_ to discuss this change.  
Phone number Date

Check one:

- This change of placement will affect your Family Time and Contact Plan; it is important that we meet prior to your next scheduled visit 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 required a school change.
- This change of placement did **NOT** require a school change.

If you do not agree with this change in placement for \_\_\_\_\_ you have the right  
Child/youth  
to 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: \_\_\_\_\_