

DATE:

Dear

We are planning to change the placement of _____
by/within _____ because _____

I would like to discuss this with you. Please contact me at _____
by _____.

_____ This change will not affect your visits.

_____ This change will affect your visits; it is important that we discuss a new
visitation plan before your next visit is scheduled.

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

Sincerely,

_____, Social Worker
Phone # _____