

State of Connecticut  
Department of Children and Families

NOTIFICATION TO PARENT(S)/GUARDIAN  
CHANGE IN PLACEMENT

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Child(ren)

Dear \_\_\_\_\_:

The Department of Children and Families is notifying you that the placement of your child(ren) will be/has been changed starting on \_\_\_\_\_.

Since this is a change in the Case Plan, you have the right to request a Case Plan Hearing by writing to the Administrative Hearings Unit, Department of Children and Families, 505 Hudson Street, Hartford, Connecticut, 06106-7107.

| Previous Placement | New Placement |
|--------------------|---------------|
|                    |               |
|                    |               |
|                    |               |

\_\_\_\_\_  
Social Worker