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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES  **Five Day Notification to Move** |
| CAREGIVER NAME AND ADDRESS | |
| Dear  :  We appreciate your efforts on behalf of the children we serve together, and recognize the importance of working with caregivers in advance when it becomes necessary to make changes in a child’s life and placement.  This letter is to confirm that  will be moved  CHILD’S NAME  to a new home on  .  DATE  The decision to move  was the result of a  CHILD’S NAME  on  .  FTDM/STAFFING/COURT HEARING DATE  As the child’s caregiver, you know a great deal about  ‘s needs,  CHILD’S NAME  schedules, and interests. We would appreciate your help in providing the new caregiver with everything necessary to meet  ‘s needs and would like to make CHILD’S NAME  this a smooth transition for everyone involved.  Thank you for your partnership with us on behalf of  . I will  CHILD’S NAME  contact you to discuss the details for  ‘s move  CHILD’S NAME  Please feel free to contact me with any questions you might have. If you feel you would like additional help or assistance with this transition, please let me know and I can provide information that may be helpful.  Sincerely,    SOCIAL WORKER  cc:  GAL/CASA  Licensor  Placement Coordinator  Child Placing Agency  Case File | |