

**NOTIFICATION TO PARENT(S)/GUARDIAN CHANGE IN PLACEMENT**

DCF-2030  
7/2025 (Rev)

\_\_\_\_\_  
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 |
|--------------------|---------------|
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|                    |               |
|                    |               |

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