



# Children and Family Services

Click here to enter a date.

Name  
Address  
City, State, Zip

Reply to

- 1900 E. Main St.  
Barstow, CA 92311
- 1495 S. E St.  
San Bernardino, CA 92415-0913
- 1090 E. Broadway St.  
Needles, CA 92363
- 9518 E. 9<sup>th</sup> St.  
Rancho Cucamonga, CA 91730
- 17621 Foothill Blvd.  
Fontana, CA 92335
- 1094 S. E St.  
San Bernardino, CA 92415-0084
- 1504 Gifford Ave.  
San Bernardino, CA 92415-0021
- 15020 Palmdale Rd.  
Victorville, CA 92392
- 56311 Pima Trl.  
Yucca Valley, CA 92284

**TDD - Telephone Services For The Hearing Impaired (909) 252-4703  
Child and Adult Abuse Hotline 1 (800) 827-8724**

Dear Choose an item., this is a **14-day** written notice to inform you that the child \_\_\_\_\_ will be/was removed from your home on Click or tap to enter a date. due to the following reason(s):

- The child is in immediate danger.
- A court has ordered the child's removal.
- Adverse licensing or approval actions have occurred that prohibit the resource/adoptive family from continuing to provide services.
- Removal of a voluntarily placed child is made or requested by the child's parent(s)/guardians.
- Removal of a child from an emergency placement.
- Removal of a child for direct placement into an adoptive home.
- Any complaint regarding only the validity of a law or of a statewide regulation.
- Any complaint regarding an issue for which a fair hearing is available pursuant to Welfare and Institution Code (WIC) Sections 10950 through 10965.
- Placement with relative/Non-Related Extended Family Member (NREFM).
- Best interest of the child.

If you disagree with this action, you may submit a request for a Grievance Review Hearing to Children and Family Services (CFS) Administration by mail or email at least two calendar days prior to the expected day of removal:

County of San Bernardino CFS Administration  
Attention: Grievance Review  
150 S. Lena Road  
San Bernardino, CA 92415  
(909) 388-0242  
[CFSPlacementGrievance@hss.sbcounty.gov](mailto:CFSPlacementGrievance@hss.sbcounty.gov)

For questions or concerns, contact me at the number below.  
Sincerely,

\_\_\_\_\_  
Position Title:  
Children and Family Services  
Phone #:

**I have received notice and decline placement preservation strategies for the child/youth listed below:**

Caregiver Name: \_\_\_\_\_  
Print

Signature: \_\_\_\_\_

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

Caregiver Name: \_\_\_\_\_  
Print

Signature: \_\_\_\_\_

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

Child's/Youth's Name: \_\_\_\_\_  
Print

**I hereby request a Grievance Review Hearing based on the removal of the child listed below:**

Caregiver Name: \_\_\_\_\_  
Print

Signature: \_\_\_\_\_

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

Caregiver Address: \_\_\_\_\_

RFA #: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_  
Print

Signature: \_\_\_\_\_

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

Caregiver Address: \_\_\_\_\_

RFA #: \_\_\_\_\_

Child's/Youth's Name: \_\_\_\_\_  
Print

**Agency Information (if applicable):**

Agency Address: \_\_\_\_\_

Agency License #: \_\_\_\_\_

RFA #: \_\_\_\_\_

**State Reason for Requesting a Grievance Review Hearing Below:**