

Sibling Placement Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to inform you that a decision has been made regarding the placement of your siblings. After careful consideration, it has been determined that [Sibling's Name(s)] will be placed together to ensure they can support each other during this transition.

We understand the importance of family connections, and we believe this decision reflects our commitment to keeping siblings together whenever possible. The placement is expected to take effect on [Insert Date].

If you have any questions or would like to discuss this arrangement further, please do not hesitate to reach out to us at [Contact Information].

Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]