



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES  
Foster Care Licensing  
PO Box 1424 Topeka, Kansas 66601-1424  
500 SW Van Buren Street 2<sup>nd</sup> Floor Topeka, Kansas 66603  
Website: <http://www.dcf.ks.gov>

### Request to Withdraw Application

I/we request to withdraw the application for licensure as a *(insert program type)*:

The application was submitted to DCF Foster Care Licensing on *(select date)*:

The reason for withdrawing the application is *(insert reason)*:

I/we understand withdrawing the application will require a new application and supporting documents be submitted, if I/we choose to apply for a license in the future.

Signature Applicant:

Date:

Signature of Applicant:

Date:

Signature of Sponsoring Child Placement Agency:  
(if applicable)

Cc: file