

FCL 406  
Rev. 03/23

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>



### **FAMILY FOSTER HOME REQUEST TO CLOSE**

Directions: Complete the following and return to [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov). The signature(s) of each foster parent is required. **Reason for Closure: Select primary reason for closure. Include additional information in the comments section.**

#### **Section 1. Family Foster Home**

Name on License:

License Number:

Address:

City:

Zip Code:

I/we have provided Foster Care Services for (insert number of year(s)):

#### **Section 2. Primary Reason(s) For Closure**

##### **1. Family Composition:**

Family Health

Family Moved

Permanency Achieved(Adoption/Reintegration/Guardianship)

##### **2. Licensing Requirements:**

Environmental Regulations

Paperwork

Prohibiting Offense

##### **3. Placement/Support Service(s):**

Foster Care Children High Needs

Lack of Community Resources

Late or Delayed Reimbursements

Unresolved Conflict or Lack of Agency Support: (select Primary Agency/System)

Child Welfare System

Case Management Provider

Child Placement Agency

DCF

#### **Comments:**

#### **Section3. Notification and Signatures**

I/We currently have foster care child(ren) in placement:

Licensee and CPA agree the closure date should be:

Licensee Signature:

Licensee Signature:

Sponsoring Child Placement Agency Signature:

**Date Submitted to DCF Foster Care Licensing:** (this will be the closure date)