



CHILD PLACEMENT AGENCY WITHDRAWAL OF SPONSORSHIP

Directions: Please complete the following and return to DCF.FCL@ks.gov

Section 1. Family Foster Home	
Name on License:	License Number:
Address:	Email:
City, State:	Zip Code:

Section 2. Reason For Withdrawal	
Select all items that apply. Include any additional information in the comments section.	
Conflict with agency staff	Current investigation by DCF/Law enforcement
Family relocated	Family unable to abide by CPA policies
Lack of supervision	Loss of contact
Non-Compliance	Renewal requirements not completed
Request to Close not returned	Unable to accept children served by this CPA
Unable to successfully complete CAP	Other

Date CPA notified family of withdrawal:

If children are currently in placement, the Sponsoring Child Placement Agency has notified the Case Management Provider of the withdrawal of sponsorship: **Yes** **No**

Would you recommend this family to another CPA? Conditionally Yes No

Comments:

Section 3. Signature of CPA Worker	
Child Placement Agency Name:	Child Placement Agency Worker:
Telephone Number:	Email Address:

Signature of Child Placement Agency Worker

Date Submitted to DCF Licensing: (this will be the effective withdrawal date)