



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Foster Care Licensing and Background Checks Division
PO Box 1424 Topeka, Kansas 66601-1424
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: <http://www.dcf.ks.gov>
Email: DCF.FCL@ks.gov

**REQUEST TO CLOSE A LICENSED RESIDENTIAL FACILITY
OR CHILD PLACING AGENCY**

_____			# _____
Name of Facility (Exactly as it appears on the License)			License Number
_____			() _____
Street Address	City	Zip	Phone

Please check all items that apply. Please indicate any other information which you would like us to know in the comments section below.

- I. **Problems with Compliance**
 - Environmental non-compliance
 - Record keeping non-compliance
 - Staffing non-compliance
 - Other (Please specify) _____

- II. **Problems with Licensing Procedures**
 - Too much paperwork
 - Visits from more than one agency
 - Other (Please specify) _____

- III. **Problems with Placement Services**
 - Decisions regarding foster children
 - No children placed
 - Too many children placed
 - Insufficient, late or delayed payment
 - Other (Please specify) _____

- IV. **Problems with community Services**
 - Foster care child(ren) not accepted by community
 - Mental health counseling unobtainable
 - Special education difficult to obtain
 - Other (Please specify) _____

- V. **Notification**
 - I/we have returned the license via U.S. postal mail
 - I/we have NOT returned license via U.S. postal mail

Comments (Your comments will be kept confidential):

Signature of owner/authorized designee

Date