



FAMILY FOSTER HOME REQUEST TO CLOSE
PLEASE COMPLETE AND RETURN TO DCF

Name of Licensee (exactly as it appears on the license) # _____
License/Approval Number

Address City Zip County Telephone Number (_____) _____

Please place a check mark next to all items that apply. Please include any other information which you would like us to know in the COMMENTS section.

I. General Reasons for Request to Close

- Change in Family Composition
- Changed to Adoptive Status
- Family Health Problems
- Family Needs Not Compatible with Foster Care Program
- Foster Care Child No Longer in Care
- Foster Care Children Too Difficult
- Moved
- Require Relief from Foster Care
- Other [Please specify] _____

IV. Problems with Placement Services

- Agency Supervision
- Conflict with Agency Staff
- Decisions Regarding Foster Children
- Lack of Agency Contact
- Lack of Agency Support
- No Children Placed
- Too Many Children Placed
- Insufficient, Late, or Delayed Payment
- Other [Please specify] _____

II. Problems with Environmental Deficiencies

- Home Repairs (painting, plaster, remodeling)
- Unfenced Yard
- Water System
- Other [Please specify] _____

V. Problems with Community Services

- Foster Care Child(ren) Not Accepted by Own Child(ren)
- Mental Health Counseling Unobtainable
- Special Education Difficult to Obtain
- Natural Family Visits Too Upsetting
- Other [Please specify] _____

III. Problems with Licensing Procedures

- Too Long to Obtain License
- Too Much Paper Work
- Visits from More Than One Agency
- Other [Please specify] _____

VI. Notification.

- I/we have notified the CPA
- I/we have not notified the CPA as yet, but I/we will do so within 24 hours.

COMMENTS (Your comments will be kept confidential):

Signature of Foster Parent Completing Form

Co-licensee Signature

Date

Date