



License # _____

REQUEST FOR TRANSFER OF SPONSORING AGENCY

Please complete the following and return to **Kansas Department for Children and Families**. The signatures of each foster parent and the receiving agency social worker are required.

I/we request the transfer of the sponsorship of my foster care license supervision as follows:

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

(Address) (City) (Zip) (County) Telephone Number

From:		To:	
_____ Name of Current Child Placing Agency		_____ Name of New Child Placing Agency	
_____ Street Address		_____ Street Address	
_____ City	_____ Zip	_____ City	_____ Zip
_____ Telephone Number	_____ E-mail address	_____ Telephone Number	_____ E-mail address

Receiving Child Placing Agency must complete its assessment, including a walk-through and submit the **FCL653, Recommendation for Use by CPA & Intent to Place** form with this request.

I/we request that the transfer become effective on: _____
Date

Signature of Foster Parent Date

Signature of Foster Parent Date

New CPA Sponsoring Agency Social Worker Date

DCF Receipt Date _____

Next Renewal Date _____