



CPA WITHDRAWAL OF SPONSORSHIP
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.

Reasons for Withdrawal of Sponsorship:

- | | |
|--|---|
| <input type="checkbox"/> Foster family moved | <input type="checkbox"/> Family not willing to abide by CPA policies |
| <input type="checkbox"/> Loss of contact | <input type="checkbox"/> Lack of supervision |
| <input type="checkbox"/> Non-compliance | <input type="checkbox"/> Unable to take children served by this CPA |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Has not completed requirements for renewal |
| <input type="checkbox"/> Conflict with agency staff | <input type="checkbox"/> Current Investigation by DCF/law enforcement |
| <input type="checkbox"/> Did not successfully complete CAP/PDP | <input type="checkbox"/> Other: _____ |
| | _____ |
| | _____ |

Would you recommend this family to another CPA? Yes No

COMMENTS:

Signature of CPA Staff Person Completing Form Date

Child placing Agency Name Telephone Number E-mail Address