



## **FAMILY FOSTER HOME REQUEST TO CLOSE**

Directions: Please complete the following and return to [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov) and your sponsoring child placement agency. The signature(s) of each foster parent is required.

### **Section 1. Family Foster Home**

Name of License: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Section 2. Reason for Closure: Select all that apply. Include additional information in the comments section.**

#### **I. General reason for request to close**

Change in Family Composition  
Changed to adoptive Status  
Family health problems  
Family needs not compatible with foster care  
Foster care child no longer in care  
Foster care children too difficult  
Relief from foster care  
Other: \_\_\_\_\_

#### **II. Problems with environmental deficiencies**

Home repairs (painting, plaster remodel)  
Unfenced yard  
Water System  
Other: \_\_\_\_\_

#### **III. Problems with licensing procedures**

Too long to obtain license  
Too much paperwork  
Visits from more than one agency  
Other: \_\_\_\_\_

#### **IV. Problems with placement services**

Agency supervision  
Conflict with sponsoring agency decision  
Conflict with placement agency decision  
Lack of agency support  
No children placed  
Too many children placed  
High needs of children  
Insufficient, late or delayed payment  
Other: \_\_\_\_\_

#### **V. Problems with Community Services**

Foster care children not accepted  
Mental health services unavailable  
Special Education difficult to obtain  
Natural family visits too upsetting  
Other: \_\_\_\_\_

### **Section 3. Notification and Signatures:**

I/we currently have foster care child(ren) in placement:

I/We want to close the license effective:

Licensee Signature: \_\_\_\_\_

Licensee Signature: \_\_\_\_\_

Sponsoring Child Placement Agency Signature: \_\_\_\_\_

Date submitted to DCF Foster Care Licensing: \_\_\_\_\_