

### CHILD PLACEMENT AGENCY WITHDRAWAL OF SPONSORSHIP

Directions: Please complete the following and return to [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov).

Section 1. Family Foster Home	
Name on License:	License Number:
Address:	Email:
City, State:	Zip Code:

Section 2. Reason For Withdrawal	
Select all items that apply. Include any additional information in the comments section.	
Conflict with agency staff	Current investigation by DCF/Law enforcement
Family relocated	Family unable to abide by CPA policies
Lack of supervision	Loss of contact
Non-Compliance	Renewal requirements not completed
Request to Close not returned	Unable to accept children served by this CPA
Unable to successfully complete CAP	Other

Date of withdrawal must be 30 days after the notice to the family:

Date CPA notified family of withdrawal

If children are currently in placement, the Sponsoring Child Placement Agency has notified the Case Management Provider of the withdrawal of sponsorship:      **Yes**      **No**

Would you recommend this family to another CPA?      Conditionally      Yes      No

Comments:

Section 3. Signature of CPA Worker	
Child Placement Agency Name:	Child Placement Agency Worker:
Telephone Number:	Email Address:

*Signature of Child Placement Agency Worker*

**Date Submitted to DCF Licensing:**