

Request to Close a Licensed Family Foster Home

Directions: Complete this form to close a licensed family foster home.

Submit the request to DCF.FCL@ks.gov

Section 1. Family Foster Home

Name on License:		License Number
Physical Address	City	Zip

Section 2. Reason For Closure: (select reason below; if selecting more than one reason rank in order with primary being 1)

Select One Reason	Definition of Closure Reason	Select One Reason	Definition of Closure Reason
☐ Background Checks	Resident or licensee has a prohibiting offense unable to expunge.	☐ Change in household	Added or removed household members through adoption, birth, death, guardianship, or residency; changes in health, employment, family interactions, physical space;
☐ Children needing placement	Unable to meet and maintain children in the home setting due to complex needs; no children placed, insufficient placements	☐ Conflicts or lack of support from child welfare partners	Unable to successfully partner and collaborate with Department for Children & Families, Child Placing Agency, Case management provider, court, to meet needs of children.
☐ Lack of community resources or support	Mental health, educational, medical services were not available in community to meet needs of children. Lack of community support to meet needs; demands of providing foster care became unsustainable.	☐ Permanency Achieved for children in care	Changed to adoptive or approved home; guardianship established, specific children no longer need placement.
☐ Licensing regulations	Licensing regulations are too restrictive, time consuming, inconvenient or costly to maintain licensure; unable to complete renewal requirements	☐ Voluntary Closure	Retiring from providing foster care services; age and life stage; transitioned to adult supported services to maintain foster child; moved out of state

Section 3. Signatures:(select the box if you would like contact from DCF or if you have included additional information)

- ☐ I would like to provide additional information and would like DCF Foster Care Licensing to contact me.
- ☐ I have attached additional information regarding the request to close.

Licensee Signature:

Date:

Licensee Signature:

Date:

Child Placing Agency Signature:

Date: