



**CHILD PLACEMENT AGENCY WITHDRAWAL OF SPONSORSHIP**

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

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

<b>Section 2. Reason For Withdrawal</b>	
Select all items that apply. Include any additional information in the comments section.	
Foster Family Moved	Family not willing to abide by CPA policies
Loss of Contact	Lack of supervision
Non-Compliance	Unable to take children served by this CPA
Uncooperative	Has not completed requirements for renewal
Conflict with agency staff	Current investigation by DCF/Law enforcement
Did not successfully complete CAP	Other

Date CPA notified family of withdrawal:

Would you recommend this family to another CPA?

Yes

No

Comments:

<b>Section 3. Signature of CPA Worker</b> <i>To sign right click in signature box, select sign document, create digital id.</i>	
Child Placement Agency Name:	Child Placement Agency Worker:
Telephone Number:	Email Address:

*Signature of Child Placement Agency Worker*