

**FOSTER HOME TERMINATION APPLICATION
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Attach Cover Letter and a copy of DSS-5015 License Action Request form for all requests

Foster Parent(s) Name(s):

Facility ID#:

1. **Terminate this license effective:**
2. **Reason for Termination:**
 - Other obligations
 - No longer desires to foster
 - Adopted

**FOSTER HOME TERMINATION CERTIFICATION
(Foster Parent(s) AND Social Worker Signatures Required)**

We certify that foster parent(s) have reviewed this document and agree to terminate their license on the date above. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date
Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	