

REQUEST FOR REVOCATION OF A FOSTER HOME LICENSE

Supervising Agency:

County Department of Social Services (Name): _____

Private Child-Placing Agency (Name): _____

Foster Home

Name of Foster Parents: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____

Foster Home Facility ID Number: _____

Reason for Request

Violation of Licensing Rules: Cite Rule, Date of Violation, How was Rule Violated? Other Relevant Information

Substantiation of Abuse and/or Neglect: Allegations, Agency/Social Worker that conducted the Investigation, Children Involved, Case Decision, Date of Case Decision, Other Relevant Information.

Criminal Conviction: Date of Conviction, Describe the Conviction, Other Relevant Information.

Contact Person

Name: _____

Address: _____

Phone Number: _____

Other Comments

Print Name of Supervising Agency Social Worker

Signature of Supervising Agency Social Worker

Print Name of Supervising Agency Supervisor

Signature of Supervising Agency Supervisor

Print Name of Supervising Agency Director or Designee

Signature of Supervising Agency Director or Designee

Date

STATE OFFICE USE ONLY

Decision: _____

Date: _____

Consultant: _____