



# FOSTER FAMILY HOME LICENSE TRANSFER

State Form 54781 (R / 7-22)  
DEPARTMENT OF CHILD SERVICES

**Instructions:** This form is to be completed and signed by the originating agency and sent via email to the receiving agency. See policy 12.27 Transferring a Foster Family Home License for additional guidance.

have/has expressed an interest in transferring their foster family home license to

\_\_\_\_\_  
Name of Foster Family

\_\_\_\_\_  
Name of Receiving Agency

Please complete this evaluation of the family's performance with your agency using the following rating scale:

**N** = Needs Improvement (Please explain below) **S** = Satisfactory, **E** = Exceeds Expected Level of Performance, **N/A** = Not Applicable

Works cooperatively with service providers		Meets annual licensing requirements	
Supports permanency plans		Effectively communicates	
Follows through with recommended services		Maintains placements	
Works productively with birth family members		Willing to transport	
Use of appropriate discipline techniques		Attends court / case conferences, etc.	
Provides proper level of supervision		Accepts placements	
Participates in training sessions		Meets training hours for license	

Explain any Needs Improvement rating from scale above.

Is this family currently in good standing? (e.g., no placement holds, licensing complaints, open assessments)

Yes  No (If no, please explain):

How long has the family been licensed with your agency?

What are the effective and expiration dates of the current license with your agency? (month, day, year)

Has the family ever been placed on probationary status with your agency?

Yes  No

If yes, for what reason?

Describe the best types of placements for this family (e.g., age, gender, Special Needs, capacity, types of children).

How many placements has the family received through your agency?

Has the family ever been under a corrective action plan with your agency?

Yes  No

If yes, for what reason and was the family successful in resolving the areas of concern or non-compliance?

Will the family have resource children in placement at time of transfer?

Yes  No

If yes, who is the custodial county?

Has the family informed you of their request to transfer their license and the reason?

Has the family previously been licensed with another agency? If yes, provide the agency name.

Please note any strengths of the family or areas that need growth.

Originating Agency

Signature