



**APPLICATION FOR FOSTER FAMILY HOME LICENSE:
NOTICE OF AUTOMATIC SYSTEM WITHDRAWAL**

State Form 53140 (11-06) / CW 2132

Name of applicant(s)

As you are aware, you applied to our agency to become a licensed foster parent through an application dated _____. Since that date, the application process has not been completed. Therefore, please be advised that our computer system, the Indiana Child Welfare Information System (ICWIS), has automatically withdrawn your application since it was initiated a full year ago.

We greatly appreciate your interest in helping us to provide homes for our children who are so much in need of temporary families to help them develop the foundation for growing into fine young adults. If you decide at some point in the future to reapply for licensure, we would be happy to assist you.

If you have any questions concerning this action or would like additional information, please call the staff person listed below.

Name of agency

Name of staff person

Telephone number

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Title of staff person

Date of notice (*month, day, year*)