



VOLUNTARY WITHDRAWAL OF APPLICATION FOR LICENSURE OR RELINQUISHMENT OF FOSTER FAMILY HOME LICENSE AND EXIT SURVEY

State Form 53237 (R2 / 11-13) / CW 3340
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:** 1. Applicant or licensee please complete Section 1 to exit the Foster Care Program. Section 2 is optional.
Return completed form to the Supervisor indicated below.
2. Please print your name(s) as it appears on your application / license.

SECTION ONE

County office of the Department of Child Services		Date (month, day, year)
Name of applicant / licensee (print your name(s) as it appears on our application / license)		
Address (number and street, city, state, and ZIP code)		
Home telephone number ()	Cellular telephone number ()	
Please be advised that at this time, I would like to (Please check one):		
<input type="checkbox"/> Voluntarily relinquish my license. <input type="checkbox"/> Withdraw my application for licensure.		
The reason is:		
<input type="checkbox"/> Relative only home <input type="checkbox"/> Foster parent role expectations <input type="checkbox"/> Health / Medical reasons <input type="checkbox"/> Adopted a child <input type="checkbox"/> Background check issues <input type="checkbox"/> Personal or family obligations / challenges <input type="checkbox"/> Training requirements <input type="checkbox"/> No capacity <input type="checkbox"/> Relocation <input type="checkbox"/> Overall difficulty of the licensing process <input type="checkbox"/> Retirement <input type="checkbox"/> Communication issues with: <input type="checkbox"/> Lack of services / support for the foster child or foster family <input type="checkbox"/> DCS local office <input type="checkbox"/> Lack of placements <input type="checkbox"/> Licensing worker <input type="checkbox"/> Physical environment requirements <input type="checkbox"/> Service provider <input type="checkbox"/> Other (Please explain): _____		
Return to:		
Name of licensing supervisor		
Address of licensing supervisor (number and street, city, state, and ZIP code)		
Signature of applicant A / licensee A		Date (month, day, year)
Signature of applicant B / licensee B		Date (month, day, year)

SECTION TWO

Regarding your experience in the Foster Care Program.	Agree	Disagree	Not applicable
I withdrew from the Foster Care Program earlier than I had planned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fully understood the foster parenting role expectations and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt my contributions as a foster parent were appreciated and recognized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that training opportunities were available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt the process to become licensed was manageable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would consider entering the Foster Care Program again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Regarding your Licensing Worker	Agree	Disagree	Not applicable
My Licensing Worker fully explained the licensure process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Licensing Worker fully explained policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Licensing Worker engaged me in meaningful conversation regarding my strengths and needs as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Licensing Worker was attentive to my needs and provided the support that I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Licensing Worker was effective when dealing with emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Regarding your Family Case Manager (FCM)	Agree	Disagree	Not applicable
My Family Case Manager engaged me in meaningful conversation regarding my foster child's care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Family Case Manager was knowledgeable about my foster child and his or her situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Family Case Manager provided me with the information I needed to appropriately care for my foster child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Family Case Manager notified me of Child and Family Team Meetings or Case Conferences, and court hearings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Family Case Manager was effective when dealing with emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Family Case Manager was attentive to my foster child's needs and provided the support that he or she needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Date (month, day, year)