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

State Form 53237 (R3 / 4-20)
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 Licensing Worker/Supervisor indicated below.*
2. *Licensing Agency (DCS local office or Licensed Child Placing Agency [LCPA]) staff will contact applicant(s)/licensee(s) to discuss reasons for voluntary withdraw.*

SECTION ONE	
Licensing Agency (DCS local office or Licensed Child Placing Agency [LCPA])	Date *(month, day, year)*

Name of applicant(s) / licensee(s) *(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.)*

☐ Voluntarily relinquish my license.   ☐ Withdraw my application for licensure.

Select **one (1)** primary reason for withdraw:

☐ Relative home only
☐ Health / Medical reasons
☐ Background check issues
☐ Training requirements
☐ Relocation
☐ Retirement
☐ Lack of services / support for the foster child or foster family
☐ Lack of placements
☐ Physical environment requirements

☐ Foster parent role expectations
☐ Adopted a child
☐ Personal or family obligations / challenges
☐ No capacity
☐ Overall difficulty of the licensing process
☐ Communication issues with:
　☐ DCS local office
　☐ Licensing worker
　☐ Service provider

Return completed form to:

Name of licensing worker

Name of licensing worker supervisor

Address of Licensing Agency (DCS local office or LCPA) *(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.	☐	☐	☐
I fully understood the foster parenting role expectations and responsibilities.	☐	☐	☐
I felt my contributions as a foster parent were appreciated and recognized.	☐	☐	☐
I felt that training opportunities were available to me.	☐	☐	☐
I felt the process to become licensed was manageable.	☐	☐	☐
I would consider entering the Foster Care Program again.	☐	☐	☐

Comments

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

Comments

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

Comments

Date (month, day, year)