



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
LICENSING DIVISION

Termination of Foster Home License

The _____ of _____, Washington
NAME OF PRIVATE AGENCY CITY

has terminated the use and supervision of the foster home of:

_____ and _____
NAME (LAST, FIRST) NAME (LAST, FIRST)

who resides at: _____
NUMBER OR BOX STREET OR ROUTE CITY

For the following reason(s):

- Adoption completed
- Adoption disruption
- Adoption Home Study not approved
- Cannot comply with requirements
- Changed agency
- Child Placing Agency request
- Criminal History
- Denied
- Did not receive placements
- Dissatisfied with DCFS
- Dissatisfied with Child Placing Agency
- License expired
- Family did not respond to renewal
- Family goals/personal issues
- Family's response to child's allegation
- Foster child aged out of care
- Foster child's behavior too challenging
- Moved and did not reapply
- Moved and relicensed at new address
- Moved new home does not meet MLRs
- Name change modification only
- Provider deceased
- Response to investigation
- Revoked
- Specific child placement no longer needed

COMMENTS

_____ TITLE DATE
AGENCY DIRECTOR OR DESIGNEE