



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

State Form 53237 (R / 2-11) / 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 ()												
<p>Please be advised that at this time, I would like to (Please check one):</p> <p><input type="checkbox"/> Voluntarily relinquish my license. <input type="checkbox"/> Withdraw my application for licensure.</p>													
<p>The reason is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Health / Medical reasons</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Physical environment requirements</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Criminal history</td> <td style="padding: 5px;"><input type="checkbox"/> Foster parent role expectations</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Training requirements</td> <td style="padding: 5px;"><input type="checkbox"/> Adopted a child</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Relocation</td> <td style="padding: 5px;"><input type="checkbox"/> Family problems / personal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Retirement</td> <td style="padding: 5px;"><input type="checkbox"/> No capacity</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Other (Please explain): _____</td> </tr> </table>		<input type="checkbox"/> Health / Medical reasons	<input type="checkbox"/> Physical environment requirements	<input type="checkbox"/> Criminal history	<input type="checkbox"/> Foster parent role expectations	<input type="checkbox"/> Training requirements	<input type="checkbox"/> Adopted a child	<input type="checkbox"/> Relocation	<input type="checkbox"/> Family problems / personal	<input type="checkbox"/> Retirement	<input type="checkbox"/> No capacity	<input type="checkbox"/> Other (Please explain): _____	
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<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 licensure process was overwhelming.	<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)