



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

Bureau of Child Care and Health Facilities  
1000 SW Jackson\*Suite 200  
Topeka, Kansas 66612-1274  
Phone (785) 296-1270 Fax (785) 296-7025  
Website: [www.kdheks.gov/kidsnet/](http://www.kdheks.gov/kidsnet/)

**FAMILY FOSTER HOME REQUEST TO CLOSE  
PLEASE COMPLETE AND RETURN TO KDHE**

Name of Licensee ( <b>exactly as it appears on the license</b> )			# _____
			License/Approval Number
Address			(____) _____
	City	Zip	County
			Telephone Number

Please place a check mark next to all items that apply. Please include any other information which you would like us to know in the COMMENTS section.

**I. General Reasons for Request to Close**

- Change in Family Composition
- Changed to Adoptive Status
- Family Health Problems
- Family Needs Not Compatible with Foster Care Program
- Foster Care Child No Longer in Care
- Foster Care Children Too Difficult
- Moved
- Require Relief from Foster Care
- Other [Please specify] \_\_\_\_\_

**IV. Problems with Placement Services**

- Agency Supervision
- Conflict with Agency Staff
- Decisions Regarding Foster Children
- Lack of Agency Contact
- Lack of Agency Support
- No Children Placed
- Too Many Children Placed
- Insufficient, Late, or Delayed Payment
- Other [Please specify] \_\_\_\_\_

**II. Problems with Environmental Deficiencies**

- Home Repairs (painting, plaster, remodeling)
- Unfenced Yard
- Water System
- Other [Please specify] \_\_\_\_\_

**V. Problems with Community Services**

- Foster Care Child(ren) Not Accepted by Own Child(ren)
- Mental Health Counseling Unobtainable
- Special Education Difficult to Obtain
- Natural Family Visits Too Upsetting
- Other [Please specify] \_\_\_\_\_

**III. Problems with Licensing Procedures**

- Too Long to Obtain License
- Too Much Paper Work
- Visits from More Than One Agency
- Other [Please specify] \_\_\_\_\_

**VI. Notification.**

- I/we have notified the CPA
- I/we have not notified the CPA as yet, but I/we will do so within 24 hours.

**COMMENTS:**

\_\_\_\_\_  
Signature of Foster Parent Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-licensee Signature

\_\_\_\_\_  
Date