



REQUEST FOR TRANSFER OF SPONSORING AGENCY

Please complete the following and return to **Kansas Department of Health and Environment**. The signatures of each foster parent and the receiving agency social worker are required.

I/we request the transfer of the sponsorship of my foster care license supervision as follows:

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

From:		To:	
_____		_____	
Name of Current Child Placing Agency		Name of New Child Placing Agency	
_____		_____	
Street Address		Street Address	
_____		_____	
City	Zip	City	Zip
_____	_____	_____	_____
Telephone Number	E-mail address	Telephone Number	E-mail address

Receiving Child Placing Agency must complete its assessment, including a walk-through and submit the **CCL806, Recommendation for Use by CPA & Intent to Place** form with this request.

I/we request that the transfer become effective on: _____
Date

Signature of Foster Parent Date

Signature of Foster Parent Date

New CPA Sponsoring Agency Social Worker Date

KDHE Receipt Date _____

Next Renewal Date _____