CCL 656
9/2003

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/

CPA WITHDRAWAL OF SPONSORSHIP
PLEASE COMPLETE AND RETURN TO KDHE

_____ #_____
Name of Licensee **(exactly as it appears on the license)** 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.

Reasons for Withdrawal of Sponsorship:

____ Foster Family Moved
____ Loss of Contact
____ Non-Compliance
____ Uncooperative
____ Conflict With Agency Staff
____ Did not successfully complete CAP/PDP
____ Families not willing to abide by CPA Policies
____ Lack of Supervision
____ Unable to Take Children Served by This CPA
____ Has not completed requirements for Renewal
____ Current Investigation by SRS/Law enforcement
____ Other: _____
_____
_____

Would you recommend this family to another CPA? ____ **Yes** ____ **No**

COMMENTS:

_____ _____
Signature of CPA Staff Person Completing Form Date

_____ _____
Child placing Agency Name Telephone Number E-mail Address