



CHILDREN'S ADMINISTRATION
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

AGENCY DIRECTOR OR DESIGNEE TITLE DATE