

Non-Active Status Request

I (we) _____ (printed name(s))
of foster parent(s)), request(s) that my/our foster home _____(provider ID#),
be placed in non-active status under the provisions of Section 402.7 of the Licensing Standards for Foster
Family Homes.

The Foster Parent/s Licensee/s attest/s that their foster family home:

- has no current foster placements and no immediate plans to actively foster;
- is not currently the subject of a Child Abuse/Neglect report or the subject of a licensing complaint
- has not actively participated in the fostering process, but wishes to maintain its license by moving to non-active status;
- will remain in compliance with Part 402, Licensing Standards for Foster Family Homes, and any amendments to these standards, while in non-active status, but will not be subject to routine monitoring visits;
- is validly licensed and has not had its license revoked or voluntarily closed by the Department;
- may remain in non-active status until the license is up for renewal, when the foster parent/s must return to active status by submitting a complete renewal application six months prior to the license expiration date and completing the renewal study process for a renewed four-year license, if they wish to remain licensed. The foster parent/s may request to be moved back into non-active status any time after their license is renewed.
- may have its license moved from non-active back to active status at any time during their four-year license cycle by notifying the licensing representative, who will complete a monitoring visit to ensure compliance with Rule 402 before reactivating the license.

NOTICE: I acknowledge that my request to place this license in Non-active Status is voluntary and no agency or representative has coerced or forced me to put complete this non-active status request. The Department has my complete informed knowledge and consent to place this licensed foster home in non-active status.

Signature of Foster Parent

Date

Signature of Foster Parent

Date

Signature of Family Development Specialist/Licensing Worker

Date

Supervising Agency

RSF

Action Taken

Printed Name of Foster Parent/s: _____

Provider ID# _____

Approved _____ Denied _____ Date _____

Signature of Licensing Supervisor

Reason for Denial _____
