

Re-Activation Status Agreement/Removal of Non-Active Status

Re-Activation Status Agreement

I _____, Family Development Specialist/Licensing Representative, do affirm that (printed name(s) of foster parent(s)) _____, provider ID# _____, has been in Non-Active Status since _____ and now wants to reactivate their Foster Home License. I have explained that this process will begin within 7 days.

The following information is current and has been verified by the aforementioned Family Development Specialist/Licensing Representative to reactivate this foster home.

Date Verified or Completed

- _____ Current medicals on file (request updated information or new medicals per Procedures 402.14(b,c,d), if needed)
- _____ Clearances with no pending CANTS or Criminal hits
- _____ Visit to the home within the last thirty days
- _____ Completion of the CFS 597-FFH or CFS 590*
- _____ Update of the CFS 506-G, Foster Home Assessment, including assessment/background check clearances and medicals on any new household members

*If the home is within 3 months of renewal, the licensing representative must ensure all requirements to issue a renewal license are completed and documented on the CFS 590, instead of the CFS 597-FFH, before reactivating the license.

I have reviewed the above documents for compliance and approval of this home returning to Active License Status.

Signature of Foster Parent

Date

Signature of Foster Parent

Date

Signature of Family Development Specialist/Licensing Representative

Date

Signature of Licensing Supervisor

Date

Supervising Agency

RSF

Re-Activation Status Agreement/Removal of Non-Active Status

Removal of Non-Active Status

I _____, Family Development Specialist/Licensing Representative, do affirm that (printed name(s) of foster parent(s)) _____, provider ID# _____, has been in Non-Active Status since _____ and is now having that status removed. I have explained that this process begins immediately.

THIS LICENSE IS BEING REMOVED FROM NON-ACTIVE STATUS AND BEING PLACED ON INVOLUNTARY HOLD DUE TO THE FOLLOWING:

- Criminal / Cants Assessment
- Child Abuse / Neglect Report
- Licensing Complaint
- Other, explain: _____

This form must be accompanied by a CFS 2011, Placement "Hold" Request, completed in accordance with Procedures 301, Appendix E, Placement Clearance Process.

Check here if above-named foster parent(s) refuse to sign.

Signature of Foster Parent

Date

Signature of Foster Parent

Date

Signature of Family Development Specialist/Licensing Representative

Date

Signature of Licensing Supervisor

Date

Supervising Agency

RSF