

**State of Illinois  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**RATIONALE FOR NOT SUBMITTING A LICENSE RENEWAL APPLICATION**

Licensee: \_\_\_\_\_

Licensee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Zip Code)

Provider ID #: \_\_\_\_\_

Licensing representative \_\_\_\_\_ met with me/us on this date and explained the need to document the reasons why I/we did not submit an application to renew my/our foster home license.

\_\_\_\_ Training Requirements

\_\_\_\_ Medicals

\_\_\_\_ Background Checks

\_\_\_\_ Physical Plant Issues

\_\_\_\_ State Regulatory Oversight

\_\_\_\_ I/we have adopted/will adopt the related child(ren) placed with us on \_\_\_\_\_ (date).

\_\_\_\_ I/we have become/will become the guardian of the related child(ren) placed with us on \_\_\_\_\_ (date).

\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
(Caregiver Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(SSN)

\_\_\_\_\_  
(Caregiver Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(SSN)

Submitted by: \_\_\_\_\_  
(Licensing Worker Signature)

\_\_\_\_\_  
(Date)

**Directions to Licensing Worker: Fax completed form to HMR Coordinator at 217/782-6446.**