

Justification for Re-licensure of a Licensed Family Foster Home

Name of Foster Home: _____

Current Licensed Age Range and Capacity: _____

Date of Initial License: _____

Date last placement began and length of stay: _____

Reason last placement ended: _____

Number of attempts made to screen a placement with foster parent during 6 months prior to re-licensure: _____

Justification for maintaining licensure of the home:

(Include information regarding foster parent's personal circumstances or issues that have lead to no placements being made in the home as well as foster parent's reason for desiring to continue to remain licensed and when the foster parent plans to be available to begin taking placements once more. Also, include any changes to the home's license that are being recommended in order to increase the likelihood that a placement will be made in the home.)

Additional information required-

Total Number of placements during last three years of licensure, or since initial licensure if less than three years: _____

Average length of stay for placements during this period: _____

An assessment of this home's ability to accept a child has been completed based on a review of their placement history and a discussion with the foster parent(s) regarding their desire to continue to foster and alleviate barriers to accepting placements. This home is recommended for re-licensure.

FFN Contracted Foster Home Development Program Supervisor or Designee

Date

For FFN Use only:

Approved as Viable/Useable: Yes No

FFN Contract Manager

Date