

Statement of Withdrawal – Kinship Foster Care Approval

☐ Withdrawing current KFC initial application: _____(DATE).

☐ Withdrawing current Kinship Foster Care Approval effective: _____

_____ is/are no longer
(family name)

interested or able to continue the process for Kinship Foster Care Approval or continue with their current Approval for the following reasons:

Signature

Date

Signature

Date

Staff Comments:

Staff Signature

Date