



## Request for Revocation of Foster Family License

To: Administrator, Division of Adult, Children and Family Services		Date	
Service Area	Licensing Worker		
Name of Licensee 1	License Number		
Name of Licensee 2	County		
Street	City	State	Zip Code

### **Basis for Revocation Request**

*Explain the specific circumstances in your memo for each box checked. Attach supporting documentation along with your memo to this form.*

#### **Mandatory**

- The foster parent or any person residing in the foster family home other than a foster child has a record of a founded abuse reports, and an evaluation of the founded abuse has been made by the Department which concludes that the abuse merits prohibition of licensure. 441 IAC 112.6(1)“d”
- The foster parent or any person residing in the foster family home other than a foster child has been convicted of a crime, and an evaluation of the crime has been made by the Department which concludes that the crime merits prohibition of licensure. 441 IAC 112.6(1)“c”
- The applicant has a conviction that requires an automatic denial without an evaluation. 441 IAC 113.13(2)“a”
- The foster family is not taking into due consideration the health, sanitation, hygiene, comfort or well-being of the children in the facility. 441 IAC 112.6(1)“b”
- The foster family is misusing funds furnished by DHS. (441 IAC 112.6(1)“a”)

#### **Optional**

- The foster family fails to continue to comply with all of the licensing requirements in both law and regulation. 441 IAC 112.6(2)“f” *List the specific 441 IAC Chapter 113 and 441 IAC Chapter 117 standards or Iowa Code Chapter 237 standards not met in your memo.*
- The foster family fails to meet any or all requirements in the placement agreement. 441 IAC 112.6(2)“c” *List the specific requirements from the Foster Family Placement Agreement, form 470-0716.*
- The foster family failed to notify the DHS and contractor licensing worker within seven working days of the move to a new home. 441 IAC 112.6(2)“a”
- The foster family refuses to cooperate with an unannounced visit. 441 IAC 112.6(2)“g”
- The foster home is operating without due regard for the health, sanitation, hygiene, comfort or well-being of foster children. 441 IAC 112.6(1)“b”

**Revocation Decision**

License is:  Revoked  Not revoked    Effective Date \_\_\_\_\_

Signature of Administrator, Division of Adult, Children and Family Services

Date