



**VOLUNTARY WITHDRAWAL OF APPLICATION FOR LICENSURE
OR RELINQUISHMENT OF FOSTER FAMILY HOME LICENSE**

State Form 53237 (4-07) / CW 3340
DEPARTMENT OF CHILD SERVICES

Date: _____

TO: The _____ County Department of Child Services

FROM: _____

ADDRESS: _____

Please be advised that at this time, I would like to voluntarily relinquish my license or withdraw my application for a Foster Family Home License.

The reason is:

- Health / Medical reasons
- Criminal history
- Training requirements
- Relocation
- Family problems
- Retirement
- No capacity
- Other (*Please explain*): _____

Additional Comments: _____

Sincerely,

Applicant A

Applicant B

Effective date of closure (*month, day, year*)