Non-Active Status Request

I (we) ________________________________ ________________________________ (printed name(s))
of foster parent(s)), request(s) that my/our foster home __________________________ (provider ID#),
be placed in non-active status under the provisions of Section 402.7 of the Licensing Standards for Foster
Family Homes.

The Foster Parent/s Licensee/s attest/s that their foster family home:
• has no current foster placements and no immediate plans to actively foster;
• is not currently the subject of a Child Abuse/Neglect report or the subject of a licensing complaint
• has not actively participated in the fostering process, but wishes to maintain its license by moving
to non-active status;
• will remain in compliance with Part 402, Licensing Standards for Foster Family Homes, and any
amendments to these standards, while in non-active status, but will not be subject to routine
monitoring visits;
• is validly licensed and has not had its license revoked or voluntarily closed by the Department;
• may remain in non-active status until the license is up for renewal, when the foster parent/s must
return to active status by submitting a complete renewal application six months prior to the
license expiration date and completing the renewal study process for a renewed four-year license,
if they wish to remain licensed. The foster parent/s may request to be moved back into non-active
status any time after their license is renewed.
• may have its license moved from non-active back to active status at any time during their four-
year license cycle by notifying the licensing representative, who will complete a monitoring visit
to ensure compliance with Rule 402 before reactivating the license.

NOTICE: I acknowledge that my request to place this license in Non-active Status is voluntary and
no agency or representative has coerced or forced me to put complete this non-active status request.
The Department has my complete informed knowledge and consent to place this licensed foster
home in non-active status.

__________________________________________        __________________________
Signature of Foster Parent                        Date

__________________________________________        __________________________
Signature of Foster Parent                        Date

__________________________________________        __________________________
Signature of Family Development Specialist/Licensing Worker Date

__________________________________________        __________________________
Supervising Agency                               RSF

Fax completed approved request to Placement Clearance Desk
Attention: Supervisor 217/524-0359
Action Taken

Printed Name of Foster Parent/s: ____________________________

Provider ID# __________________

Approved _____  Denied _____  Date ________________

______________________________________________________

Signature of Licensing Supervisor

Reason for Denial ____________________________

______________________________________________________