

**Re-Activation Status Agreement/Removal of Non-Active Status**

**Re-Activation Status Agreement**

I \_\_\_\_\_, Family Development Specialist/Licensing Representative, do affirm that (printed name(s) of foster parent(s)) \_\_\_\_\_, provider ID# \_\_\_\_\_, has been in Non-Active Status since \_\_\_\_\_ and now wants to reactivate their Foster Home License. I have explained that this process will begin within 7 days.

The following information is current and has been verified by the aforementioned Family Development Specialist/Licensing Representative to reactivate this foster home.

**Date Verified or Completed**

- \_\_\_\_\_ Current medicals on file (request updated information or new medicals per Procedures 402.14( b,c,d), if needed)
- \_\_\_\_\_ Clearances with no pending CANTS or Criminal hits
- \_\_\_\_\_ Visit to the home within the last thirty days
- \_\_\_\_\_ Completion of the CFS 597-FFH or CFS 590\*
- \_\_\_\_\_ Update of the CFS 506-G, Foster Home Assessment, including assessment/background check clearances and medicals on any new household members

\*If the home is within 3 months of renewal, the licensing representative must ensure all requirements to issue a renewal license are completed and documented on the CFS 590, instead of the CFS 597-FFH, before reactivating the license.

**I have reviewed the above documents for compliance and approval of this home returning to Active License Status.**

\_\_\_\_\_  
Signature of Foster Parent \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foster Parent \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Family Development Specialist/Licensing Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensing Supervisor \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Agency \_\_\_\_\_  
RSF

**Re-Activation Status Agreement/Removal of Non-Active Status**

**Removal of Non-Active Status**

I \_\_\_\_\_, Family Development Specialist/Licensing Representative, do affirm that (printed name(s) of foster parent(s)) \_\_\_\_\_, provider ID# \_\_\_\_\_, has been in Non-Active Status since \_\_\_\_\_ and is now having that status removed. I have explained that this process begins immediately.

**THIS LICENSE IS BEING REMOVED FROM NON-ACTIVE STATUS AND BEING PLACED ON INVOLUNTARY HOLD DUE TO THE FOLLOWING:**

- Criminal / Cants Assessment
- Child Abuse / Neglect Report
- Licensing Complaint
- Other, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form must be accompanied by a CFS 2011, Placement "Hold" Request, completed in accordance with Procedures 301, Appendix E, Placement Clearance Process.**

Check here if above-named foster parent(s) refuse to sign.

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Family Development Specialist/Licensing Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensing Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Agency

\_\_\_\_\_  
RSF