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| Dear      : |
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| This letter shall serve as official notice that your application for a foster care license pursuant to Ch. DCF 56, Adm. Code, is **denied**. |
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The reason for the denial is      .

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| Should you wish to appeal this denial decision, you must submit a written request for a fair hearing which must be received by the Division of Hearings and Appeals within fifteen (15) days of this notice as stated above, to: |
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| Division of Hearings and Appeals |
| P.O. Box 7875 |
| Madison, WI 53707-7875 |
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| Should you have any questions, please contact me at      . |
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| Sincerely, |
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