




Dear _____ :

This letter shall serve as official notice that your application for a foster care license pursuant to Ch. DCF 56, Adm. Code, is denied.

 reason for the denial is _____ .

Should you wish to appeal this denial decision, you must submit a written request for a fair hearing which  be received by the Division of Hearings and Appeals within fifteen (15) days of this notice as stated  e, to:

 Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

Should you have any questions, please contact me at _____ .

Sincerely, 

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