

Dear \_\_\_\_\_ :

This letter shall serve as official notice that the license issued to you by this agency pursuant to Ch. HFS 38 or 56, Adm. \_\_\_\_\_, is **revoked** effective \_\_\_\_\_ or upon the date of the physical removal of the foster child currently placed in your home, whichever occurs first.

The reason for the revocation is \_\_\_\_\_

\_\_\_\_\_ If you wish to appeal this revocation decision, you must submit a written request for a fair hearing which must be received within fifteen (15) days of this notice as stated above, to:

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

Your written request should indicate that you are appealing a foster care or treatment foster care license revocation decision. \_\_\_\_\_

Should you have any questions, please contact me at \_\_\_\_\_.

Sincerely,

cc: \_\_\_\_\_

