**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Foster Care License Revocation**

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| Date Sent |
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| Foster Parent Name/s |
| Foster Parent Address Line 1 |
| Foster Parent Address Line 2 |
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| Dear Foster Parent Name/s: |
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| This letter shall serve as official notice that the license issued to you by this agency pursuant to Ch. DCF 56, Adm. Code, is **revoked** effective Date or upon the date of the physical removal of the foster  currently placed in your home, whichever occurs first. |
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The reason for the revocation is Revocation Reason Narrative.

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| Should 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: |
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|  Division of Hearings and Appeals |
|  P.O. Box 7875 |
|  Madison, WI 53707-7875 |
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| Your written request should indicate that you are appealing a foster care license revocation decision. |
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| Should you have any questions, please contact me at Agency Phone. |
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| Sincerely, |
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| Licensing Worker Name, Licensing Worker Title |
|  |
| cc: Name of Other Individuals Getting a Copy of Letter |