



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

Date

Dear

The purpose of this letter is to inform you that your Re-evaluation Report for Foster Families has been completed. Due to identified needs, your home has been currently placed on hold. The following requirements for ongoing approval were not met:

- |                                                           |                                                    |
|-----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Personal Qualities/Relationships | <input type="checkbox"/> Number of Children        |
| <input type="checkbox"/> Minimum Age Requirement          | <input type="checkbox"/> Health Status             |
| <input type="checkbox"/> Economic Status                  | <input type="checkbox"/> Employment and Child Care |
| <input type="checkbox"/> Home Environment                 | <input type="checkbox"/> Marriage and Family       |
| <input type="checkbox"/> Training                         | <input type="checkbox"/> Smoke Detectors           |
| <input type="checkbox"/> KARES Verification               |                                                    |
| <input type="checkbox"/> Other                            |                                                    |

Your R&C worker has made a recommendation for continued approval as a foster home upon correction of these issues. Failure to comply may lead to closure.

You are required to attend hours of training each year to maintain your foster home status. Your next re-certification will occur in .

Foster parents are an essential part of our efforts to help families and children in need. We thank you for your participation in our foster care program and hope that you will meet the requirements for continued participation.

Sincerely,

Family Services Office Supervisor

Cc: Foster parent file  
CBW