

**FOSTER HOME TERMINATION APPLICATION
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Attach Cover Letter and a copy of DSS-5015 License Action Request form for all requests

Foster Parent(s) Name(s): _____

Facility ID#: _____

1. Terminate this license effective: _____
2. Reason for Termination: Adopted No longer desires to foster Other obligations
3. If foster parent(s) is NOT available for signature, indicate reason below:
 Moved No reply to agency attempts to contact Other: _____
Document Attempts to Contact (including dates): _____

Please note this form is not used for Revocations. Use DSS-5279 Request for a Revocation of a Foster Home License.

FOSTER HOME TERMINATION CERTIFICATION

(Social Worker and Foster Parent(s) Signature Required)

We certify that agency staff has reviewed this document and confirm that the home is in compliance with all rules and policies governing foster home licensure. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date

Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	