

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

Dear	Date
The purpose of this letter is to inform you the Relative/Fictive Foster Families has been conas been currently placed on hold. The followere not met:	mpleted. Due to identified needs, your home
 ☐ Change in Family Structure ☐ Home Environment ☐ Training (only for medically complex ☐ KARES Verification ☐ DPP 157 for dependent children ages ☐ Pet Vaccinations ☐ 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.	
our next re-certification will occur in	
Relative and Fictive 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,
Cc: Foster parent file CBW	Family Services Office Supervisor