

DEPARTMENT FOR COMMUNITY BASED SERVICES  
DIVISION OF FAMILY SERVICES

FOSTER/ADOPTIVE PARENT WITHDRAWAL

Parent 1	Parent 2
SSN: _____	SSN: _____
First Name: _____	First Name: _____
Middle Initial: _____	Middle Initial: _____
Last Name: _____	Last Name: _____

Region Name: _____	Date of Withdrawal: _____
--------------------	---------------------------

Choose the **one** category which actually **prompted** the withdrawal, even though more than one may have had an influence.

- 01 Age
- 02 DCBS Initiated
- 03 Financial Concerns
- 04 Inconvenient (location, time, and day(s) of meeting(s))
- 05 Marital/Medical Family Issues
- 06 Marriage Requirement
- 07 Moved
- 08 Police Background Check
- 09 Pregnancy of Parent
- 10 Too Much Paperwork
- 11 Too Much Time
- 12 Type of Children Available
- 13 No Longer Interested