



# ARIZONA DEPARTMENT OF CHILD SAFETY VOLUNTARY WITHDRAWAL OF APPLICATION FOR LICENSURE OR CLOSURE OF LICENSE

Please return the completed and signed form to your licensing agency or to Office of Licensing & Regulation (OLR) within 10 calendar days of receipt of this form.

### Applicant or Licensee Information

<input type="checkbox"/> Family Foster Home	<input type="checkbox"/> Residential Group Care	<input type="checkbox"/> Adoption Agency	<input type="checkbox"/> Child Placing Agency
Applicant/Licensee Name (Last, First, M.I.)		Spouse's Name (Last, First, M.I.)	
Current Address (No. Street, City, State, ZIP)			
Applicant/Licensee Phone Number	Alternate Phone Number		
Licensing Agency Specialist's Name	Date Presented to Applicant or Licensee		
Agency Name	License Number		

### Withdrawal of Application for Licensure

I voluntarily withdraw my application.

### Closure of License

I voluntarily close my license.

Please select all reasons that apply and number in the order that lead to your decision using (1, 2, 3, ...)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adoption/Guardianship                 | <input type="checkbox"/> Dissatisfied           | <input type="checkbox"/> Relocation out of State           |
| <input type="checkbox"/> Burn-Out                              | <input type="checkbox"/> Health Related         | <input type="checkbox"/> Reunification of kinship children |
| <input type="checkbox"/> Conflict with DCS/OLR policy          | <input type="checkbox"/> Other time commitments | <input type="checkbox"/> Specific child left home          |
| <input type="checkbox"/> Conflict with licensing agency policy | <input type="checkbox"/> Personal/Private       | <input type="checkbox"/> Other (please specify below)      |
| <input type="checkbox"/> Disgruntled                           | <input type="checkbox"/> Refused CAP            |  |

My decision to withdraw my application or close my license was made for the following reason(s):

By signing this document, I notify DCS/OLR I have made a decision to withdraw my application or close my license and have not been coerced into doing so. I understand this withdrawal/closure is permitted by rule and submission of this signed form provides notification and verification that withdrawal/closure is my intent. OLR may commence a denial or revocation action if a licensee is no longer in compliance with licensing rules and statute.

**Please be aware that denial or revocation action may influence future licensure.**

Applicant/Licensee Signature

Date

Applicant/Licensee Spouse's Signature

Date



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.