



ATTESTATION FOR FOSTER HOME LICENSURE

<input type="checkbox"/> Initial
<input type="checkbox"/> Relicensing

Foster Family:
Capacity Recommended:
Address:
Ages:
Restrictions:
Licensing Agency:
FSFN Number:

Lead Agency or Noncontracted Supervising Agency: _____

Region: _____

Name of Foster Parent on Application Packet _____
License Expiration Date

I, _____, verify that (check one):
Printed Name of Licensing Review Specialist

All documentation, background screening, waiver requests, and other elements required under s. 409.175, F.S., and Chapter 65C-45, F.A.C., for issuance of initial or renewal foster care license have been received and reviewed and found to be in compliance with all statutory and Administrative Code requirements by me, and the application should be approved. Attach Licensing Standards Checklist (form CF-FSP 5358), initial or relicensing application and Attestation Statement.

OR

A review of the documentation, background screening, waiver requests, and other elements required under s. 409.175, F.S., and Chapter 65C-45, F.A.C., for issuance of initial or renewal foster care license demonstrates that the license should not be issued or renewed for the following reason(s): _____ . Attach initial or relicensing application and supporting documentation.

Printed Name of Licensing Review Specialist

Signature of Licensing Review Specialist

Telephone Number