

KIDS COUNT TOO, INC.

Request for Removal

Today's Date: _____

Foster Parent Name: _____

Address: _____

Child's Name: _____

I am requesting the removal of the above child from my care by _____.
(prefer a 2 week notice)

I am unable to continue to provide care because _____

Signature of foster parent(s): _____

_____ (Date)

Received by: _____ Date _____
Agency Representative Signature

** This form is effective according to the date received by the agency.**