

Ohio Department of Job and Family Services
**NOTICE OF EXPIRATION AND REAPPLICATION FOR A
 FOSTER HOME CERTIFICATE OR ADOPTION HOMESTUDY APPROVAL**

SECTION I: Completed by Agency		
Caregiver #1 Name	Caregiver #2 Name	Caregiver #3 Name (if applicable)
SACWIS Provider ID	Date Mailed to Caregiver(s)	Must be Returned to Agency by:
<p>1. The purpose of this form is to let you know that your <input type="checkbox"/> foster home certificate and/or <input type="checkbox"/> adoption homestudy approval is scheduled to expire on _____.</p>		
<p>2. If you wish to continue as a foster and/or adoptive home, please check the corresponding box in Section II below, then sign and date the form at the bottom. Return the form by _____.</p>		
<p>3. Any forms received less than 30 days prior to the expiration date will not allow the agency sufficient time to complete your recertification and/or update. This may result in the expiration and forfeiture of your foster care certificate, or closure of your adoption homestudy approval. Once you have returned the form to the agency, you must also provide any information or documentation required to be submitted as listed in #5 below. All required activities (including training), documentation, and interviews must be completed prior to the recertification of your foster care certificate or update of your adoption homestudy approval.</p>		
<p>4. If you indicate you want to continue as a foster and/or adoptive home, someone from the agency will contact you once this form has been received.</p>		
<p>5. Additional information or documentation that is required to be submitted for recertification or approval:</p>		
<p>6. If you no longer wish to continue as a foster and/or adoptive home, please complete the corresponding box in Section II below, then sign and return the form to me by _____.</p>		
<p>7. If you do not return this form to the agency, your foster home certificate and/or adoption approval will automatically expire on the date listed in #1 above.</p>		
Name of Agency Representative	Signature of Agency Representative	
SECTION II: Completed by Provider. Please check the appropriate boxes below, sign, date and return to the agency.		
<p><input type="checkbox"/> I wish to continue my certification as a foster home. <input type="checkbox"/> I wish to continue my adoption homestudy approval.</p>		
<p><input type="checkbox"/> I do not wish to continue my certification as a foster home. I understand that my certificate will expire on the expiration date listed in #1 above, unless I would like it to terminate sooner. I am requesting my certificate be terminated effective: _____</p>		
<p><input type="checkbox"/> I do not wish to continue my adoption homestudy approval. I understand that my adoption homestudy approval will expire on the date listed in #1 above unless I would like it to terminate sooner. I am requesting my adoption homestudy approval be terminated effective: _____</p>		
Signature of Caregiver #1	Date	
Signature of Caregiver #2	Date	
Signature of Caregiver #3	Date	

Use of this form is mandated by OAC chapters 5101:2-5 and 5101:2-48. Failure to use this form may be cause to deny certification or approval.