



FOSTER CARE LICENSE TRANSMITTAL SHEET

Agency: LSF FPS FBCH

Name of Foster Family: _____

License Expiration Date: ___/___/___

Type of file: Initial license Change in Capacity Request
 Relocation Re-licensure

	DATE	SIGNATURE
RECEIVED BY: CMO Supervisor		
RECEIVED BY: Children's Network of SWFL, AA		
RECEIVED BY: Children's Network of SWFL, Specialist		
RECEIVED BY: Department of Children & Families		