



RELICENSING SURVEY

For Agency Use:

License # _____

License Renewal Date _____

Rating (Please check one box)					
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

For Agency Use Only:

Responsible County

Charlotte	<input type="checkbox"/>	DeSoto	<input type="checkbox"/>
Collier	<input type="checkbox"/>	Hendry/Glades	<input type="checkbox"/>
Lee	<input type="checkbox"/>	Unit:	
(North <input type="checkbox"/>)	(Central <input type="checkbox"/>)	(South <input type="checkbox"/>)	

<i>Please Respond Based on your Experience this Past Licensing Year</i>							Comments or Suggestions (Please Explain Low Ratings:)
1.) I was supplied enough information to make an informed decision about accepting a child							
2.) I was treated professionally, and with courtesy and respect by the counselors.							
3.) I was involved with the service and case planning for the children in my home.							
4.) We felt prepared for the initial placement adjustment period.							
5.) We felt prepared for the removal transition period.							
6.) The services I experienced met the needs of the children or my family.							
7.) I was supplied with the resources necessary to care for the children.							
8.) I was kept informed of the case progress.							
9.) The DCF counselors I worked with were professional and knowledgeable.							
10.) My complaints were addressed to my satisfaction.							
11.) DCF Counselor provided support by promptly responding to phone calls, correspondence and other requests.							

239/226-1524 | fax 239/226/1115 | 2232 Altamont Ave | Fort Myers, FL 33901



The Children's Network of Southwest Florida is sponsored in part by the State of Florida,
Department of Children and Families

The Children's Network of Southwest Florida is committed to working with the community in building and maintaining a child protection system that promotes safety and stability for children and families.

The CBC division of Camelot Community Care, Inc.

12.) DCF Counselor(s) has visited the home at least monthly.							
13.) I was provided timely notice of all judicial proceedings.							
14.) I have been treated as a valuable team member.							
15.) I was comfortable with the ages and type of children placed with me during the past year.							
16.) Overall I have been satisfied with the foster care experience.							

How could we improve our services? _____

Other Comments: _____

Signature (optional)

Do you know anyone who might be interested in being a foster parent or provide respite to a foster parent? If so please let us know so we may contact them:

Name: _____

Address: _____

City/State: _____

Telephone: _____

Thank You