

North Carolina Department of Health and Human Services Division of Social Services

Mail Service Center 2440 • Raleigh, North Carolina 27699-2440
Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Pheon Beal, Director
(919) 733-3055

DATE: December 2, 2004
TO: County Directors Of Social Services
Private Child Placing Agencies
SUBJECT: Transfer of family foster home license
ATTENTION: Foster Care Supervisors, Social Workers and Support Staff

The Division has begun to experience an increase in the number of requests for a transfer of family foster home licenses from one supervising agency to another. This communication seeks to clarify some of the requirements to accommodate these transfers, while maintaining the integrity of the licensing system.

Please note that beginning January 1st, 2005 licenses may only be transferred on the first of a month. Transfer requests received at the Black Mountain office before the 20th of a month will be transferred the first of the month in which it was received. Transfer requests received after the 20th of a month will be transferred effective the first day of the following month. This is to assist with the updating of the placement records (DSS-5094) that might be needed as a result of the transfer.

The agency receiving the family foster home for supervision shall assume responsibility for the necessary documentation. The following documentation is necessary for a transfer to be processed in the Foster Care Licensing Office:

- 1) A DSS-5015 Foster Care Facility License Action Request Form from the previous agency with **Termination** marked
- 2) A DSS-5015 from your agency with **New License** marked

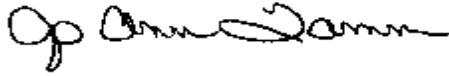
(Please note that a new facility id # will be issued to the home.)

- 3) A cover letter from the previous agency stating they are aware of the transfer.
- 4) A cover letter from the receiving agency requesting transfer.
- 5) A Mutual Home Assessment written by the receiving agency.

6) *Documentation that the receiving agency has notified the custodian(s) of the transfer if there are foster children present in the home.*

If you have any questions, please contact our foster home licensing consultants Angelina Spencer Angelina.Spencer@ncmail.net or Harry Maney Harry.Maney@ncmail.net at the Office of Child Facility Licensing telephone: (828)669-3388.

Sincerely,

A handwritten signature in black ink, appearing to read "JoAnn Lamm". The signature is fluid and cursive, with a large initial "J" and "L".

JoAnn Lamm, Program Administrator
Family Support and Child Welfare Services Section

Cc: Pheon Beal
Sherry Bradsher
Family Support and Child Welfare Team Leaders
Children's Program Representatives

FSCWSS-49-04