

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
NOTICE OF EXPIRATION AND REAPPLICATION FOR A FOSTER HOME CERTIFICATE**

Name: Foster Caregiver # 1 (Last)	Foster Caregiver # 1 (First)	Foster Caregiver # 2 (Last)	Foster Caregiver # 2 (First)
Street Address		Apt. # _____ Lot # _____	City State Zip Code

**INSTRUCTIONS FOR FOSTER CAREGIVER(S): PLEASE READ PARAGRAPHS A, B, C, D AND E.**

- A. The purpose of this form is to let you know that your certification as a foster home is scheduled to expire on: \_\_\_\_\_ (Date).
- B. If you wish to continue as a foster home please check box number 1 below, sign and date the form at the bottom and return the form to me by \_\_\_\_\_ (Date). Also provide any information required to be submitted as indicated in E below.
- C. If you indicate you want to be recertified, a representative of the agency will contact you in order that we may update our records and make a recommendation to the Ohio Department of Job and Family Services regarding the continuation of your foster home certification.
- D. If you do not return this form to the agency your certificate as a family foster home will automatically expire on the date listed in paragraph A.
- E. Additional information or documentation required to be submitted for recertification: \_\_\_\_\_

Date Form is Mailed to Caregiver:	Signature of Agency Representative:
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**INSTRUCTIONS FOR FOSTER CAREGIVER(S):  
Please check the appropriate box below, sign, date and return to agency. If you check box 2, please insert the date you are requesting your foster home certificate to be terminated.**

- 1. **9** I wish to continue to be certified as a foster home under Chapter 5101:2-7 of the Ohio Administrative Code.
- 2. **9** I do not wish to continue to be certified as a foster home under Chapter 5101:2-7 of the Ohio Administrative Code. I am requesting my certificate be terminated effective: \_\_\_\_\_ (Date). (Not to extend beyond the expiration date of the current certificate.)

Signature (Foster Caregiver # 1)	Date
Signature (Foster Caregiver # 2)	Date

**Use of this form is mandated by OAC Chapter 5101:2-5. Failure to use this form may be cause to deny certification.**