

Family Partnerships of Central Florida

LICENSING REQUEST FOR ASSISTANCE

Person completing form:		Date Concern was received:	
Name of Foster Parent(s)/ Group Home:		RFA #	

Summary of Reported Concerns:

Director to Identify Necessary Follow Up Plan & Assign to Employee with Due Dates			
Date Received			
Person Assigned for Follow Up:		Date Visit Due	
1			
2			
3			
4			
5			

Person Completing Visit		Date Visit Made	
Please address each item listed above, indicate any results/resolutions and action items that still need to be completed.			
1			
2			
3			
4			
5			

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Director's Review of Follow Up			
Date Follow Up Received/Reviewed			
Additional Follow Up Needed? If so, list below.		RFA Closed Date	
1			
2			
3			
4			
5			

Risk Management Review of RFA			
Date Follow Up Received/Reviewed			Additional Follow Up Needed? If so, list below.
1			
2			
3			

Compliance/QA Review of RFA			
Date Follow Up Received/Reviewed			Additional Follow Up Needed? If so, list below.
1			
2			
3			