

**State of Illinois
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

Request to Transfer Licensing Responsibility for HMR Home

To: HMR Coordinator

Re:

Caregivers _____

Address: _____

(City)

(Zip Code)

The caregivers have indicated on the **CFS 578-1, Confirmation of Interest**, that they are interested in getting licensed.

The caregivers have indicated on the **CFS 578-1, Confirmation of Interest**, that they are not interested in getting licensed.

Please remove responsibility for licensing work from this DCFS region or POS agency because all of this region's or agency's children have moved out of this home.

Submitted by:

(Licensing Representative Signature)

(Date)

To be completed by the HMR Coordinator:

To: _____

Region or Agency: _____

The request to transfer responsibility for licensing activities has been granted.

The request to transfer responsibility for licensing activities has been denied. Licensing responsibility will remain with your region/agency.

_____ because the data system does not confirm that all of your region's or agency's children have been removed from the home; or

_____ there are no longer any children in the home, but the caregivers have indicated an interest in becoming licensed. Therefore, your region/agency will continue to be responsible for carrying out licensing activities, although the home will no longer be tracked as an HMR home.

(HMR Coordinator Signature)

(Date)