



FCL 057  
Rev. 01/21

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES  
Foster Care Licensing and Background Checks Division  
PO Box 1424 Topeka, Kansas 66601-1424  
500 SW Van Buren Street 2<sup>nd</sup> Floor Topeka, Kansas 66603  
Website: <http://www.dcf.ks.gov>  
Email: [DCF.FCLEExceptions@ks.gov](mailto:DCF.FCLEExceptions@ks.gov)

### REQUEST FOR AMENDMENT

Complete and return by email to: [DCF.FCLEExceptions@ks.gov](mailto:DCF.FCLEExceptions@ks.gov)

Licensed Facility Name:

Licensed Program Type:

Facility Address:

License Number:

**I/we request an Amendment to my License: Request is to: *(check all that apply)***

<input type="checkbox"/> Increase Capacity <i>(include the floor plan with room dimensions for all bedrooms and bathrooms)</i>
<input type="checkbox"/> Reduce Capacity
<input type="checkbox"/> Age Range <i>(include verification of compliance with regulations for reduction in age range)</i>
<input type="checkbox"/> Gender

Kansas State Fire Marshal Approval is required for each request to increase capacity, provide care for younger children, or adding or remodeling existing space.

**Kansas State Fire Marshal Approval is attached:**

Notification to the local school district is required for each request is to increase capacity, expand the age range, or to change the living units.

**Notification to the school district is attached:**

#### Current Licensed Capacity

Name of Unit	Capacity	Gender	Age Range

#### Requested Licensed Capacity

Name of Unit	Capacity	Gender	Age Range

**Describe the reason for the request:**

The amendment fee or receipt of payment is attached to this request:

Online-Payment link: <http://www.dcf.ks.gov/pages/Online-DCF-Payments.aspx>

**Fee: \$35 per amendment request**

This request has been completed and submitted on

Signature and title of Facility Administrator

The request has been reviewed by DCF on

The amendment request has been

Signature of DCFA Administrator