



Family Foster Home Request for Amendment

Use this form to request a change of the family foster home license capacity. 1) When requesting a reduction in age range for ages ten and younger, the amendment request shall include verification of compliance with environmental regulations (K.A.R. 28-4-820) and sleeping arrangements (K.A. R. 28-4-821). 2) To request an increase in capacity, the amendment request shall include a floor plan (include room and window dimensions) with bedrooms numbered. **Submit the completed request and supporting documents to DCF.FCLEExceptions@ks.gov.**

Section 1. Name of Child Placement Agency Submitting Amendment Request				
Name of Child Placement Agency:		License Number:		
Name of CPA Staff:		Email:		
Address:		Phone:		
Section 2. Foster Family Home Information				
Foster Family Home Licensee:		License Number:		
Address:		Phone Number:		
Family Foster Home Program Type:		<input style="width: 100%;" type="text"/>		
Section 3. Amendment Requested				
I/we request an amendment to:				
Current Capacity		Current Age Range		
Requested Capacity		Requested Age Range		
Reason for Request:				
Section 4. Residents of the home				
Name:	Relationship:	DOB:	Gender:	Bedroom #:
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Name:	Relationship:	DOB:	Gender:	Bedroom #:
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Section 5. Date Submitted to DCF Foster Care Licensing

Section 6. Signatures of Licensee(s)

Section 7. Signature of Child Placement Agency Worker

CPA Licensing Worker Recommendation: Approve Disapprove
Reason for Amendment:

Signature of Sponsoring Child Placement Agency Worker