



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 2nd Floor Topeka, Kansas 66603
Website: <http://www.dcf.ks.gov>
Email: DCF.FCLExceptions@ks.gov

Request for Amendment for Child Placing Agencies

Complete and return by email to: DCF.FCLExceptions@ks.gov

Licensed Child Placing Agency 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"/> Change of Child Placing Agency Name
<input type="checkbox"/> Change of Owner/Organization (Attach updated tax ID and clearance)
<input type="checkbox"/> Change of program type
<input type="checkbox"/> Remove Satellite office

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 Child Placing Agency Administrator

Signature of DCF Administrator