



REQUEST FOR AMENDMENT

Type of Facility:

- Attendant Care Center CPA Detention Center Group Boarding Home
 Residential Center Secure Care Center Secure Residential Treatment Facility Staff Secure Facility

Please complete the following and return to Kansas Department for Children and Families.

I am requesting an Amendment to my License # _____ Current Total Capacity: _____ Requested Total Capacity: _____

Current:

Requested:

Name of Unit/Cottage	Capacity	Sex	Age Range	Name of Unit/Cottage	Capacity	Sex	Age Range

If request is to: (check all that apply) increase license capacity; to provide care for younger children; or includes adding space or remodeling existing space, I/we have enclosed a copy of the Kansas State Fire Marshal approval of the proposed change. Yes No

If Request is to increase license capacity or to expand age range or to change the living units, I/we have enclosed a copy of the notification and of the receipt of the required notification to the local school district in accordance with K.A.R. 28-4269(m). Yes No

A check or money order in the amount of \$35.00 must be attached for this request to be processed.

Describe the reason for the request: [Use a separate page, if needed.]

Name of Facility	License Number	Address	City	Zip	County
Telephone Number	Fax Number	Email Address	Date		
Operator	Address		City	Zip	County

DCF Administrator Response: Approve Disapprove Comment(s): _____

Signature

Date