KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren Street Topeka, Kansas 66603
Website: http://www.dcf.ks.gov

REQUEST FOR AMENDMENT

To request a change in the capacity of a facility license or to change the name of the licensee, please use this form. For requests to change capacity a floor plan identifying bedrooms, with the room dimensions, and bathrooms must be included.

Submit the completed request and supporting documents to DCF.FCLExceptions@ks.gov

Facility Name License Number

Facility Address City Zip

I/We request an amendment to the license for the above facility. I/We are requesting to (select all that apply)

☐ Increase Capacity ☐ Reduce Capacity ☐ Change in Age Range

☐ Change in Gender ☐ Facility Name Change

Kansas State Fire Marshal Approval is required for each request to *increase capacity, provide care for younger children, adding or remodeling existing space*. **Kansas State Fire Marshal approval must be submitted with the amendment.**

Notification to the local school district is required for each request to *increase capacity, expand the age range, or to change the living units* for the following program types: *Attendant Care Center, Detention Center, Group Boarding Home, Residential Center, Secure Care Center, Secure Residential Treatment Facility and Staff Secure Facility.* **A copy of the notification to the school district must be submitted with the amendment.**

Current Licensed Capacity

Name of Unit(s)	Capacity	Gender	Age Range

Requested Licensed Capacity

Name of Unit(s)	Capacity	Gender	Age Range

Requested Name of the Facility

Name

Reason for the Amendment:

I/We have attached the $35.00 dollar amendment fee or receipt.
Online-Payment link: : http://www.dcf.ks.gov/pages/Online-DCF-Payments.aspx

Signature of Authorized Representative Title Date