KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren Street Topeka, Kansas 66603

Family Foster Home Request for Amendment

To request a change in the capacity of a family foster home license or to change the name of the licensee, please use this form. If you are asking to reduce the age range for children ten and younger, your request must include proof of compliance with environmental regulations (K.A.R. 30-47-820) and details about sleeping arrangements (K.A.R. 30-47-821). For requests to change capacity, a floor plan must be included. All current residents and potential foster children shall be listed in the amendment request.

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

Section 1. Sponsoring Child Placing Agency

Name of Child Placing Agency

License Number

Child Placing Agency Worker

CPA Worker Email

Section 2. Foster Family Home

Name of Family Foster Home

Phone Number

Address

License Number

Current Capacity

Current Age Range

Section 3. Amendment Requested

I/we request an amendment to capacity (include the floor plan and verification of compliance with regulations. Select applicable change(s))

☐ **Requested Capacity Change**

☐ **Requested Age Range select one option below**

☐ Infancy and Older ☐ Two years of age and older ☐ Six years of age and older

I/we request an amendment to Name (include government ID/legal document)

☐ Requested Name

Section 4. Sponsoring Agency Approval and Signatures

I, sponsoring agency worker, have completed a written family assessment, including a complete walkthrough survey, of this foster home. As noted in Section5 on page 2, this home has sufficient space to meet the regulatory requirements to support the requested capacity. The sponsoring child placing agency recommends and approves the amendments requested and will continue to place children in this home in accordance with regulation.

Signature of Licensee

Date

Signature of Licensee

Date

Signature of Sponsoring Child Placing Agency Worker

Date

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Section 5. Home Residents/Potential Foster Children

Name	Relationship	DOB	Gender	Bedroom Occupied