

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. 30-47-820) and sleeping arrangements (K.A. R. 30-47-821). 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:

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 #:

Name:

Relationship:

DOB:

Gender:

Bedroom #:

Name:

Relationship:

DOB:

Gender:

Bedroom #:

Name:	Relationship:	DOB:	Gender:	Bedroom #:
Name:	Relationship:	DOB:	Gender:	Bedroom #:
Name:	Relationship:	DOB:	Gender:	Bedroom #:
Name:	Relationship:	DOB:	Gender:	Bedroom #:
Name:	Relationship:	DOB:	Gender:	Bedroom #:
Name:	Relationship:	DOB:	Gender:	Bedroom #:

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:
Reason for Amendment:

Approve

Disapprove

Signature of Sponsoring Child Placement Agency Worker