

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Foster Care Licensing and Background Checks Division

500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603

Website: <http://www.dcf.ks.gov>

Email: DCF.FCLEExceptions@ks.gov

Request for Amendment for Child Placing Agencies

Complete and return by email to: DCF.FCLEExceptions@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)*

☐ Change of Child Placing Agency Name
☐ Remove Satellite Office
☐ Add a 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