



FAMILY FOSTER HOME REQUEST FOR AMENDMENT

Please complete the following and return to Kansas Department of Health and Environment.

Name of Family Foster Home [as on license] License Number Address City Zip County

Telephone Number Fax Number E-mail Address Date

Current License Capacity: _____ Current Age Range: _____

I/we request an amendment. Requested Capacity: _____ Requested Age Range: _____

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

Foster Parent Signature

Foster Parent Signature

MUST BE COMPLETED BY THE CHILD PLACING AGENCY LICENSING SOCIAL WORKER

CPA Licensing Social Worker Recommendation: Approve: _____ Disapprove: _____
Reason(s):

Signature of CPA Licensing Social Worker Agency City

CPA Licensing Social Worker e-mail address Telephone Number and Extension Date

KDHE Administrator Response: Approve _____ Disapprove _____
Comments:

Signature of KDHE Administrator Date