

South Carolina Department of Social Services
ORIGINAL LICENSING/RELICENSING/CHANGES
FOR FOSTER HOME LICENSING

Check One:

- Original Foster Home Application Foster Home Relicensing Interstate Placement
 Change in License Status (Omit Section B) Re-open

Section A

Parent A: _____
Name Birthdate Telephone

Parent B: _____
Name Birthdate Telephone

Address: _____
Street or P.O. Box City

_____ County State Zip

This family is recommended and meets the requirements for foster home licensure.

_____ Agency Name and Address

Section B

The family's preferences are:

No. of Children to be Cared for in Home: _____ Age Range: _____ Gender: _____ Date: _____

_____ Parent A's Signature

_____ Parent B's Signature

Section C

Indicate Changes Only Below With a Check; Give Reason for Changes Under "Comments".

1. Home Closed 5. Revoke License
 2. Change of Address (Give new address below) 6. Other (Specify) _____
 3. Change Number of Children From _____ to _____
 4. Change License From _____ to _____

Comments: (If #1 or #5 is checked, a written summary that includes reasons for closure/revocation must be attached and indicate whether you recommend this foster family for re-licensure)

_____ Signature and Title of Agency Representative

_____ Date

Section D – License Approval

Check Appropriate Block: License Has Been Issued as Listed Below Limitations? Yes No

License No.: _____

Preferences: _____

Approved: _____ Date Issued: _____

_____ Signature of State Director or Designee

_____ Date