



SECTION A

FOSTER FAMILY NAME:

ADDRESS: (AS GIVEN ON LAST LICENSE)

PRESENT LICENSE NUMBER:

AGENCY REPORTING: (NAME & ADDRESS)

INDICATE CHANGES BELOW:

HOME CLOSED: (GIVE SPECIFIC REASON)

CHANGE ADDRESS TO:

CHANGE NUMBER OF CHILDREN:

FROM:

TO:

CHANGE LICENSE FROM: TO (GIVE REASONS)

HOME TRANSFERRED TO OTHER AGENCY: (NAME & ADDRESS)

REVOKE THE PRESENT LICENSE:

OTHER: (SPECIFY)

COMMENTS:

SIGNATURE OF AGENCY REPRESENTATIVE & TITLE:

DATE:

SECTION B

DEPARTMENT REPLY

THE CHANGE REQUESTED ABOVE HAS BEEN NOTED IN OUR FILES.

DATE:

A NEW LICENSE HAS BEEN ISSUED AS FOLLOWS:

.....
LICENSE NUMBER

.....
NUMBER OF CHILDREN

.....
DATE ISSUED

SIGNATURE OF THE COMMISSIONER, SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

DATE: