South Carolina Department of Social Services APPLICATION FOR A CHILD-PLACING AGENCY'S FOSTER FAMILY HOME LICENSE

Section A – Application Information					
Applicant's Name:				Date:	
Address:					
	Street or	P.O. Box	Box City		
County		State		Zip	
No. of Children to be Car	red for in Home:	Age	Range:	Sex:	
Applic	cant's Signature			Applicant's Signature (If Couple)	
	Section	n B – Agency Re	commendat	tion	
The above home h	has been studied by:				
		Name of Agency ar	nd Address		
The home has been	en found to be adequate	e and suitable for	the purpose	e indicated and findings are a matter of	
record. It is recom	mended that a license	be issued to			
	for chil				
Status of Home	(For Determination of C	Correct Status, Re	fer to Foster	Family Home Licensing Regulations)	
☐ Standard	☐ Standard with Tem	nporary Waiver	☐ Stand	dard – Exceed Maximum Number Allowed	
Sign	nature of Agency Representa	tive		Title	
	Se	ction C – Licens	se Approval		
License for the ab	ove home has been iss	ued as follows:			
Signature of Agency Representative Section C – Lice License for the above home has been issued as follows License No.: No. of Children:		of Children:		Date Issued:	
Signature				Date:	

Director of Human Services, South Carolina Department of Social Services or Designee