

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**

**Foster Care Licensing and Background Checks Division**

PO Box 1424 Topeka, Kansas 66601-1424  
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603  
Website: <http://www.dcf.ks.gov>  
Email: [DCF.FCLEExceptions@ks.gov](mailto:DCF.FCLEExceptions@ks.gov)

**Request for Amendment for Child Placing Agencies**

Complete and return by email to: [DCF.FCLEExceptions@ks.gov](mailto: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)***

<input type="checkbox"/> Change of Child Placing Agency Name
<input type="checkbox"/> Remove Satellite Office
<input type="checkbox"/> 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**