**DEPARTMENT OF CHILDREN AND families**

Division of Safety and Permanence

**Amendment Request**

**Use of this form:** Use of this form is mandatory to comply with DCF 54.30, 57.515, 52.62(4) and DCF 59.27. Failure to comply may result in issuance of a non-compliance statement and possible enforcement action. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The licensee shall complete this form and submit the requested documents to the Department within 30 days of the requested change in license. The licensee shall sign, date and submit the form and all required documents electronically by email to their assigned Licensing Specialist. If the amendment request is approved, the Licensing Specialist will send a new license with the updated information along with this signed document back to the licensee. If the amendment request is denied, the Licensing Specialist will send this document back to the licensee.

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| Name – Facility | Facility ID Number |
| Facility Type**:**  Shelter Care  Child Placing Agency  Group Home  Residential Care Center | Proposed Start Date |
| Request: Change in the maximum number of children \*  Change in sex of children served \*  Change in age of children served \*  Change in target groups or services provided \*\*  Change in the name of the agency  Change in licensee’s name  Change in the licensee’s duties or power  Change in licensee  Any other change as allowed under Wisconsin statutes:  \*Submit an updated Occupancy Permit (if applicable), Need Determination (for GH & RCC), updated policies to include a Program Statement, Operating Plan and Policy and Procedure Checklist  \*\*Submit Target Groups Form, updated policies and Policy and Procedure Checklist  Forms: Target Groups Form: DCF-F-5207-E  Policy and Procedure Checklist: DCF-F-2850-E (CPA), DCF-F-CFS2378 (GH), DCF-F-CFS2168 (RCC)  The Licensing Specialist may also request additional supporting documentation. | |

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| **SIGNATURE –** Licensee/Authorized Representative |  | **Date:** |  |

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| **FOR DEPARTMENT USE ONLY**  **Approve**  **Deny**  **Reason:** |

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| **SIGNATURE** – Licensing Specialist: |  | Date: |  |