



**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: