

**South Carolina Department of Social Services**  
**ORIGINAL LICENSING/RELICENSING/CHANGES**  
**FOR FOSTER HOME LICENSING**

Check One:

- Original Foster Home Application       Foster Home Relicensing       Interstate Placement  
 Change in License Status (Omit Section B)       Re-open

**Section A**

Parent A: \_\_\_\_\_  
Name Birthdate Telephone

Parent B: \_\_\_\_\_  
Name Birthdate Telephone

Address: \_\_\_\_\_  
Street or P.O. Box City

County State Zip

This family is recommended and meets the requirements for foster home licensure.

Agency Name and Address

**Section B**

The family's preferences are:

No. of Children to be Cared for in Home: \_\_\_\_\_ Age Range: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

Parent A's Signature

Parent B's Signature

**Section C**

Indicate Changes Only Below With a Check; Give Reason for Changes Under "Comments".

1. Home Closed       5. Revoke License  
 2. Change of Address (Give new address below)       6. Other (Specify) \_\_\_\_\_  
 3. Change Number of Children From \_\_\_\_\_ to \_\_\_\_\_  
 4. Change License From \_\_\_\_\_ to \_\_\_\_\_

Comments: (If #1 or #5 is checked, a written summary that includes reasons for closure/revocation must be attached and indicate whether you recommend this foster family for re-licensure)

Signature and Title of Agency Representative

Date

**Section D – License Approval**

Check Appropriate Block:  License Has Been Issued as Listed Below      Limitations?  Yes       No

License No.: \_\_\_\_\_

Preferences: \_\_\_\_\_

Approved: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature of State Director or Designee

Date