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

	Secti	on A – Applicat	tion Inforr	nation		
Applicant's Name:			Date:			
Address:						
Street or P.O. Box			City			
County		State			Zip	
No. of Children to be Care	ed for in Home:	Ag	je Range: <sub>-</sub>		Sex:	
Applicant's Signature			Applicant's Signature (If Couple)			
	Sectio	n B – Agency F	Recomme	ndation		
The above home ha	as been studied by:					
		Name of Agency	and Address	;		
The home has beer	n found to be adequa	te and suitable f	or the pur	oose indic	cated and findings are a matter of	
record. It is recomm	nended that a license	be issued to				
to house and care f	or chi	ild(ren). Special	and qualify	ying uses	of the home are:	
Status of Home	(For Determination of	Correct Status, F	Refer to Fo	ster Famil	ly Home Licensing Regulations)	
☐ Standard	☐ Standard with Ter	nporary Waiver		Standard –	Exceed Maximum Number Allowed	
-						
Signa	ature of Agency Representa	ative			Title	
	Se	ection C – Licer	nse Appro	oval		
License for the abo	ve home has been is	sued as follows:				
License No.:	No	. of Children:			Date Issued:	
Signature					Date:	

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