

## Change of Information Form for

## Child Placing Agency - Transitional Placing Program Providers

Name of Fa	cility:License #
Address:	
□ Name cl	hange. Change is effective when the following are received by the Licensing Section:  Signed, dated change of information form with new name requested: and  \$25 non-refundable change fee.
□ <b>Age ran</b> Section: • •	Signed, dated change of information form indicating the new age range requested:  ; \$25 non-refundable change fee; and inspection by Licensing noting compliance with regulations regarding the age of residents/youth to be served.
• Sig	in program director. Change is effective when the following are received and approved by the Licensing Section: ned, dated change of information form indicating your request to change program directors;  New program director name:  New program director address:  New program director phone number:  New program director email address:  date of hire as program director:  table to determine the program director:  Exit date of current Director:
<ul> <li>do</li> </ul>	cumentation of program director's qualifications (copy of degree and/or transcript and written documentation of numbe

- documentation of program director's qualifications (copy of degree and/or transcript and written documentation of number of years of previous experience working in social services from a previous employer)
- three signed letters of reference dated within twelve months prior to hire attesting affirmatively to his/her character, qualifications, and suitability to manage the program (if newly hired by provider). Reference letters shall also include the printed/typed name of the reference along with their address and phone number.
- satisfactory CANS clearance form:
  - if you currently reside in Louisiana and are newly hired, a clearance from Louisiana's DCFS-Child Welfare Section dated no earlier than 45 days of the individual being present in the facility/hired.
  - if you currently reside in Louisiana now but have also lived in one or more states in the past 5 years and are newly hired, a clearance from the Child Welfare Sections of all other states in which you have resided in the past 5 years dated no earlier than 120 days of the individual being present in the facility/hired.
  - if you currently reside in another state but work in Louisiana and are newly hired, a clearance from that state's Child Welfare Section dated no earlier than 45 days of the individual being present in the facility/hired.

Note: If you request an out-of-state state central registry check and that state advises that they are unable to process the request due to statutory limitations, documentation of such shall be submitted and kept on file.

satisfactory fingerprint based criminal background check if newly hired through the Federal Bureau of Investigation (FBI) dated no earlier than 45 days of the individual being present in the facility/hired if hired effective June 1, 2020 or later. If hired prior to June 1, 2020, a previously obtained fingerprint based criminal background check through the FBI or documentation of submission of a fingerprint based criminal background check through the FBI no later than June 12, 2020.
 Note: a currently hired staff, who will now assume the Program Director position, will need to submit their current CANS/satisfactory FBI criminal background clearance he/she has on file.

$\square$ Change to add a transitional living program to your current child placing agency license. Change is effective w	hen the
following are received and approved by the licensing section:	

Signed, dated change of information form indicating your request to add □transitional placing

1.1	Department of
	Children &
Fami	ly Services
Building	a Stronger Louisiana

				TAR Childre Family Serv
	Years to	Years	Gender Served: Male/ Female/ Both	Building a Stronger Lo
•	dable change fee;	. 1	at the other control to a the other control of the	alle de la companya
		placing program	at the physical location(s) of housing unit(s) note	a below and obtain th
following infor	mation:			
			for new location (if providing care for four or more	e youth at this location
	of Public Health ap <sub>l</sub> approval for new l			
current city fire	e approval for new	location (if appl	icable and providing care for four or more youth a	t this location);
			enstruction or renovations;	
			overage for each transitional placing location;	nhars staff valuation
-		_	d check through the FBI for all owners, board mer be dated no earlier than 45 days of the individual	
	•		er. If hired prior to June 1, 2020, a previously obt	
-			cumentation of submission of a fingerprint based	- '
_	BI no later than Jun		cumentation of submission of a migerprint based	criminal background c
_	NS clearance form		staff:	
			learance from Louisiana's DCFS-Child Welfare Sec	tion dated no earlier t
			in the facility/hired.	don dated no earlier t
	•		but have also lived in one or more states in the p	ast 5 vears, a clearar
•	•		other states in which you have resided in the past	
			present in the facility/hired.	, care auteur ne can
			but work in Louisiana, a clearance from that state	's Child Welfare Section
			dividual being present in the facility/hired.	
			entral registry check and that state advises	that they are unab
process the r	equest due to sta	atutory limital	tions, documentation of such shall be submi	tted and kept on fil
	-	ill need to sub	mit their current CANS/satisfactory FBI crin	ninal background
	/she has on file.			
inspection and	approval by Licens	sing noting com	pliance with transitional placing regulations	
_		=	rent child placing agency-transitional placin	g license.
ige is effective v	when the following	are received an	d approved by the licensing section:	
ige is effective v Signed, dated	when the following change of informat	are received an ion form indicat		
ge is effective v Signed, dated agency- transit	when the following change of informat tional placing licens	are received an tion form indicat	d approved by the licensing section: ing your request to remove/add a location under	
ige is effective v Signed, dated agency- transit address of the	when the following change of informat tional placing licens transitional placing	are received an tion form indicat se; g location to be	nd approved by the licensing section: ing your request to remove/add a location under removed (if applicable)	your current child plac
ige is effective v Signed, dated agency- transit address of the	when the following change of informat tional placing licens transitional placing	are received an tion form indicat se; g location to be	d approved by the licensing section: ing your request to remove/add a location under	your current child plac
ge is effective of Signed, dated agency- transit address of the if adding a tran	when the following change of informat tional placing licens transitional placing nsitional placing loc	are received anticon form indicates; g location to be cation include th	and approved by the licensing section:  ing your request to remove/add a location under or  removed (if applicable)  e physical address(s) of housing units below and	your current child plac ; provide the following:
nge is effective of Signed, dated agency- transit address of the if adding a transcurrent Office of	when the following change of informat tional placing licens transitional placing locastional placing locastional placing locastional placing for the State Fire Ma	are received anction form indicates; g location to be cation include the	Indicate a proved by the licensing section:  It is a proved by the licensing section:  It is a possible providing units below and providing the section of t	your current child place; ; provide the following:
oge is effective of Signed, dated agency- transit address of the if adding a transcurrent Office of current Office of the signal	when the following change of informat tional placing licens transitional placing local placing local of the State Fire Ma of Public Health app	are received and cion form indicates; glocation to be cation include the arshal approval proval for new le	and approved by the licensing section:  ing your request to remove/add a location under removed (if applicable)  e physical address(s) of housing units below and for new location (if providing care for four or more ocation;	your current child place; ; provide the following:
ge is effective of Signed, dated agency- transit address of the if adding a transcurrent Office of current Office of current zoning current city fire	when the following change of informat tional placing licens transitional placing local public Health approval for new local poper local placing local poper local placing	are received ancion form indicates; g location to be acation include the arshal approval proval for new location (if application)	and approved by the licensing section:  ing your request to remove/add a location under removed (if applicable)  e physical address(s) of housing units below and for new location (if providing care for four or more ocation;	your current child place; provide the following: e youth at this location
oge is effective of Signed, dated agency- transit address of the if adding a transcurrent Office current Office current zoning current city fire \$25 non-refuncity or parish by	when the following change of informat tional placing licens transitional placing nsitional placing loc of the State Fire Ma approval for new le approval for new dable change fee puilding permit approval approval approval for new	are received and cion form indicates; glocation to be cation include the arshal approval for new location (if application (if application) are proval for new coval for ne	and approved by the licensing section:  ing your request to remove/add a location under or  removed (if applicable)  e physical address(s) of housing units below and of  for new location (if providing care for four or more ocation;  cable);	your current child place; ; provide the following: e youth at this location
oge is effective of Signed, dated agency- transit address of the if adding a transcurrent Office current Office current zoning current city fire \$25 non-refuncity or parish becopy of comme	when the following change of informat tional placing licens transitional placing nsitional placing loconstant of the State Fire Ma approval for new less approval for new dable change fee building permit apprencial general liabilities.	are received and cion form indicates; glocation to be cation include the carshal approval for new location (if application (if application (if application) (if	ind approved by the licensing section: ing your request to remove/add a location under removed (if applicable) e physical address(s) of housing units below and for new location (if providing care for four or more ocation; cable); icable and providing care for four or more youth a	your current child place; ; provide the following: e youth at this location

$\sqsupset$ Change to remove an individual from the existing ownership structure. Chan	ige is effective	when the
following are received and approved by the licensing section:		

Signed, dated change of information form indicating your request to remove an individual from the existing ownership structure;

<b>-</b>	
name of the individual(s) being removed _	
Effective date of removal:	



MAR C	Department of Children & Services
□ Change to add a new individual to the existing ownership structure. Change is effective when the	Stronger Louisiana
following are received and approved by the licensing section:	
<ul> <li>Signed, dated change of information form indicating your request to add an individual to the existing ownership str</li> <li>name of the individual(s) being added</li> </ul>	ucture;
Address of the individual(s) being added	
Phone number of the individual(s) being added	
Effective date of addition:	
satisfactory CANS clearance form:	
<ul> <li>if you currently reside in Louisiana, a clearance from Louisiana's DCFS-Child Welfare Section dated no ea 45 days of the individual being present in the facility/hired.</li> <li>if you currently reside in Louisiana now but have also lived in one or more states in the past 5 years, a cl</li> </ul>	
from the Child Welfare Sections of all other states in which you have resided in the past 5 years dated no than 120 days of the individual being present in the facility/hired.	earlier
<ul> <li>if you currently reside in another state but work in Louisiana, a clearance from that state's Child Welfare dated no earlier than 45 days of the individual being present in the facility/hired.</li> </ul>	Section
<ul> <li>Note: If you request an out-of-state state central registry check and that state advises that they are a process the request due to statutory limitations, documentation of such shall be submitted and kept of satisfactory fingerprint based criminal background check through the FBI dated no earlier than 45 days prinitial change request received by the Licensing section, and the individual being present on the premises having access to children/youth</li> <li>Note: When an individual is being added to the existing ownership structure and does not have access children/youth in care or who receive services from the provider and/or is not present at any time on agency premises when children/youth are present, a DCFS approved attestation form signed and date individual is acceptable in lieu of a satisfactory fingerprint based CBC and CANS clearance. The attestal shall be accepted for a period of one year from the date individual signed attestation form.</li> </ul>	on file. brior to the sand/or to the the the d by the
<ul> <li>Change to days/hours of operation for TP office. (CPA shall operate at least one day per week for at least four conshours. This four hour timeframe shall occur Monday through Friday between the hours of 7:30 am and 5 pm.) Change is effective following are received by the Licensing Section:         <ul> <li>Signed, dated change of information form indicating new days/hours of operation</li> </ul> </li> </ul>	
Office Days and Hours of Operation (check all days that apply and indicate hours of operation for each day)	
Day of the Week         Begin Time         End Time           ☐ Monday         ☐ am         ☐ pm         TO         ☐ am         ☐ pm           ☐ Tuesday         ☐ am         ☐ pm         TO         ☐ am         ☐ pm           ☐ Wednesday         ☐ am         ☐ pm         TO         ☐ am         ☐ pm           ☐ Thursday         ☐ am         ☐ pm         TO         ☐ am         ☐ pm	

☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	am am am am am	☐ pm ☐ pm ☐ pm ☐ pm ☐ pm	TO TO TO TO TO	am	pm   pm   pm   pm   pm	
Signature:			_ Date:		Phone:	 _