

Change of Information Form for

Child Placing Agency- Foster and/or Adoptive Care Program Providers

Name of **Agency:** _____ License # _____

Address: _____

☐ **Removal of a service or reduction in capacity.**

- Signed, dated change of information form with description of the service being removed:
- ☐ adoption services ☐ foster care services

☐ **Capacity increase.** Increase is effective when the following are received and approved by the Licensing Section and the new space shall not be utilized until approval has been granted by the Licensing Section:

- Signed, dated written request to include a description of what you want changed in order for your capacity to be increased;
- \$25 non-refundable change fee;
- current Office of the State Fire Marshal approval for new space;
- current Office of Public Health approval for new space;
- copy of commercial general liability insurance showing additional space/building is covered;
- current city fire approval for new space (if applicable); and
- measurement of the additional space by Licensing Section staff.

☐ **Name change.** 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.

☐ **Age range change for youth/children.** Change is effective when the following are received and approved by the Licensing Section:

- Signed, dated change of information form indicating the new age range requested: _____ ;
- \$25 non-refundable change fee; and

☐ **Change in program director.** Change is effective when the following are received and approved by the Licensing Section:

- Signed, 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: _____
 - date of hire with agency: _____
 - Exit date of current Director: _____
- 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 as noted below:
 - 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 criminal background check through the Louisiana State Police (LSP) dated no earlier than 45 days prior to date of hire for new staff of Child Placing Adoptive and Foster Care programs.

Note: a currently hired staff, who will now assume the Program Director position, will need to submit their current CANS/satisfactory criminal background clearances he/she has on file.

☐ **Change to add a foster care/adoption program to your current Child Placing Agency license.** Change is effective when the following are received and approved by the licensing section:

- Signed, dated change of information form indicating your request to add a service;
- requesting to add: ☐ adoption services ☐ foster care services
- Age Range: _____ Months/Years to _____ Years Gender Served: Male/ Female/ Both
- \$25 non-refundable change fee;
- inspection and approval by Licensing noting compliance with foster care and/or adoption regulations for the service requesting to be added.

☐ **Change to remove an individual from the existing ownership structure.** Change 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;
- Name of the individual(s) being removed _____
- Effective date of removal: _____

☐ **Change to add an individual to the existing ownership structure.** Change is effective when the following are received and approved by the licensing section:

- Signed, dated change of information form indicating your request to add an individual to the existing ownership structure;
- Name of the individual(s) being added _____
- Address of the individual(s) being added _____
- Phone number of the individual(s) being added _____
- Effective date of addition: _____
- satisfactory CANS clearance form as noted below:
 - if you currently reside in Louisiana, 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, 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, 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 criminal background check through the Louisiana State Police dated no earlier than 45 days prior to the initial change request received by the Licensing section, and the individual being present on the premises and/or having access to children/youth for Child Placing Adoptive and Foster Care programs.

Note: When an individual is being added to the existing ownership structure and does not have access to children/youth in care or who receive services from the provider and/or is not present at any time on the agency premises when children/youth are present, a DCFS approved attestation form signed and dated by the individual is acceptable in lieu of a satisfactory fingerprint based CBC and CANS clearance. The attestation form shall be accepted for a period of one year from the date individual signed attestation form.

☐ **Change to mailing address, telephone number or email address.** Change is effective when the following is received by the Licensing Section:

- Signed, dated change of information form with new information: _____

☐ **Change to days/hours of operation of Child Placing Agency office.** (CPA shall operate at least one day per week for at least four consecutive hours. This four hour timeframe shall occur Monday through Friday between the hours of 7:30 am and 5 pm.) Change is effective when the following are received by the Licensing Section:

- Signed, dated change of information form indicating new days/hours of operation

Office Days and Hours of Operation (check all days that apply and indicate hours of operation for each day)

<u>Day of the Week</u>	<u>Begin Time</u>			<u>End Time</u>		
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Thursday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Friday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Saturday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Sunday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am <input type="checkbox"/> pm

Signature: _____ Date: _____ Phone: _____