



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

**OFFICE OF INSPECTOR GENERAL
RESIDENTIAL CHILD CARE LICENSING**

CHANGE REQUEST FORM

SECTION I: Please document facility information CURRENTLY on file, not proposed change(s)

Current Facility Name	
Facility ID (License) #	
Facility Type	<input type="checkbox"/> CCI <input type="checkbox"/> CPA <input type="checkbox"/> OCCP <input type="checkbox"/> CTCC <input type="checkbox"/> Maternity Home <input type="checkbox"/> RHYP

Facility Contact Information

Site Address: _____ City: _____ State: _____ Zip: _____ County: _____	Site Phone: (____) _____ Site Fax: (____) _____ Primary Facility E-mail: _____ <i>*If the Primary Facility E-mail address has recently changed, please complete the "Change in Facility E-mail" area in Section II.</i>
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<input type="checkbox"/> Site address and mailing address are the same	Director: _____
Mailing Address: _____	Director's Phone: (____) _____
City: _____ State: _____ Zip: _____	Director's E-mail: _____

SECTION II: Please select all that apply and complete each applicable area in full

<input type="checkbox"/>	Change in Owner <i>*If applicable, submit copy of satisfactory CRC (fingerprint check only) completed w/in the 12 months immediately preceding effective date</i> <i>*Based on review of the change of owner request, additional information, including submission of a new licensure application, may be required prior to approval.</i>	Current Owner: _____ Current Owner E-mail: _____ Current Owner Phone: (____) _____ Proposed New Owner: _____ New Owner's Phone: (____) _____ New Owner E-mail: _____ New Owner Address: _____ _____ Proposed Effective Date: _____
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<input type="checkbox"/>	<p>Change in Director</p> <p><i>*Submit copy of satisfactory CRC determination (fingerprint check only) completed within the 12 months immediately preceding the proposed effective date</i></p> <p><i>*Submit Educational qualifications; *Submit work experience (i.e., Resume)</i></p>	<p>New Director: _____</p> <p>New Director's Phone: (____) _____</p> <p>New Director's E-mail: _____</p> <p>Proposed Effective Date: _____</p>
<input type="checkbox"/>	<p>Change in Human Service Professional or Casework Supervisor</p> <p><i>*Submit Educational qualifications; *Submit work experience (i.e., Resume);</i></p> <p><i>*Submit copy of satisfactory CRC determination (local check or fingerprint check acceptable)</i></p>	<p>New HSP/CWS: _____</p> <p>New HSP/CWS Phone: (____) _____</p> <p>New HSP/CWS E-mail: _____</p> <p>Proposed Effective Date: _____</p>
<input type="checkbox"/>	<p>Change in Facility E-mail</p> <p><i>*This email is the primary e-mail used by RCCL for facility correspondences and for the facility to access RCC TRAILS.</i></p>	<p>Current Facility E-mail: _____</p> <p>New Facility E-mail: _____</p> <p>Effective Date: _____</p>
<input type="checkbox"/>	<p>Change in Site Address (CPA Programs Only)</p> <p><i>*The licenses for CCI, OCCP, Maternity Homes, & CTCC programs are non-transferrable; therefore, any proposed location change for those program types will require submission of a new application for licensure.</i></p>	<p>New Site Address: _____</p> <p>_____</p> <p>New Site County: _____</p> <p>New Site Phone: (____) _____</p> <p>Effective Date: _____</p>
<input type="checkbox"/>	<p>Change in Satellite Offices (CPA Programs Only)</p>	<p>Change Type: <input type="checkbox"/> Office Added <input type="checkbox"/> Office Closed <input type="checkbox"/> Office Relocation</p> <p>Satellite Location Type: <input type="checkbox"/> Residence/Home <input type="checkbox"/> Office Location</p> <p>Satellite Address: _____</p> <p>Satellite County: _____</p> <p>Satellite Phone: (____) _____</p> <p>Effective Date: _____</p> <p>Former address (if Relocation): _____</p>

<input type="checkbox"/>	Change in Program Name Only <i>*Submit incorporation papers, if applicable</i>	Current Name: _____ Proposed Name: _____ Effective Date: _____	
<input type="checkbox"/>	Change in Licensed Capacity <i>*Attach an updated floor plan of the facility showing details of the area involved, if applicable</i> <i>Attach copies of applicable approvals, i.e., fire, local, building, zoning, location, certificate of occupancy, etc.</i>	Change Type: <input type="checkbox"/> Increase in Capacity <input type="checkbox"/> Decrease in Capacity Current Licensed Capacity: ____ New Proposed Licensed Capacity: ____ **Proposed Effective Date: _____ <i>**An onsite RCCL inspection <u>must</u> be completed prior to approval of a capacity increase and may also be required for certain requests for a capacity decrease.</i>	
<input type="checkbox"/>	Change in Program Services <i>*Submit program descriptions and policies revised as a result of change(s). Application unit review required prior to approval of added services.</i>	Select all services to add: <input type="checkbox"/> Adoption Services (Domestic) <input type="checkbox"/> Adoption Services (International) <input type="checkbox"/> Foster Care Services <input type="checkbox"/> Maternity Home Services <input type="checkbox"/> Second Chance Home Services	Select all services to remove: <input type="checkbox"/> Adoption Services (Domestic) <input type="checkbox"/> Adoption Services (International) <input type="checkbox"/> Foster Care Services <input type="checkbox"/> Maternity Home Services <input type="checkbox"/> Second Chance Home Services
<input type="checkbox"/>	Change in Age Range of Children Served <i>*Submit program descriptions and revised policies.</i>	Current Ages Licensed to Serve 0 to 0 New Ages Proposed to be Served 0 to 0 Effective Date: _____	

Additional Comments:

By signing below, I represent that the official address listed on this application is current and correct. I attest that all information contained above is factual and understand that false or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof. I understand that submission of this application does not represent approval of any request contained therein and that additional actions may be necessary prior to final approval. I further understand that if approved, the agency is responsible for meeting all rules and regulations associated with requested changes.

Director

Date

Owner/Board Chair or Designee

Date

FOR OFFICE USE ONLY		
Request received by: _____	Date received: _____	Date processed: _____