



**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)**

<b>Current Facility Name</b>	
<b>Facility ID#</b>	
<b>Facility Type</b>	<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
<b>Facility Contact Information</b>	
<b>Site Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>County:</b> _____	<b>Site Phone:</b> ( ) _____ <b>Site Fax:</b> ( ) _____ <b>Site Email:</b> _____
<input type="checkbox"/> Site address and mailing address are the same	
<b>Mailing Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	
<b>Owner:</b> _____ <b>Director:</b> _____	<b>Owner's Phone:</b> ( ) _____ <b>Owner's Email:</b> _____ <b>Director's Phone:</b> ( ) _____ <b>Director's Email:</b> _____

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

<input type="checkbox"/>	<p><b>Change in Program Name Only</b></p> <p><i>*Submit incorporation papers, if applicable</i></p>	<p><b>Proposed Name:</b> _____</p> <p><b>Effective Date:</b> _____</p>
<input type="checkbox"/>	<p><b>Change in Licensed Capacity</b></p> <p><i>*Attach an updated floor plan of the facility showing details of the area involved, if applicable</i></p> <p><i>Attach copies of applicable approvals, i.e., fire, local, building, zoning, location, certificate of occupancy, etc.</i></p>	<p><b>Change Type:</b> <input type="checkbox"/> Increase in Capacity    <input type="checkbox"/> Decrease in Capacity</p> <p><b>Current Capacity:</b> _____</p> <p><b>New Proposed Capacity:</b> _____</p> <p><b>**Proposed Effective Date:</b> _____</p> <p><i>**An onsite Surveyor 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></p>
<input type="checkbox"/>	<p><b>Change in Site Address (CPA Programs Only)</b></p> <p><i>*The licenses for CCI, OCCP, Maternity Homes, &amp; 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><b>New Site Address:</b> _____</p> <p>_____</p> <p><b>New Site County:</b> _____</p> <p><b>New Site Phone:</b> (    ) _____</p> <p><b>New Site Fax:</b>    (    ) _____</p> <p><b>Effective Date:</b> _____</p>
<input type="checkbox"/>	<p><b>Change in Satellite Offices (CPA Programs Only)</b></p>	<p><b>Change Type:</b> <input type="checkbox"/> Office Added    <input type="checkbox"/> Office Closed    <input type="checkbox"/> Office Relocation</p> <p><b>Satellite Location Type:</b>    <input type="checkbox"/> Residence/Home    <input type="checkbox"/> Office Location</p> <p><b>Satellite Address:</b> _____</p> <p>_____</p> <p><b>Satellite County:</b> _____ <b>Satellite Phone:</b> (    ) _____</p> <p><b>Effective Date:</b> _____</p> <p><b>Former address (if relocation):</b> _____</p> <p>_____</p>

<input type="checkbox"/>	<p><b>Change in Program Services</b></p> <p><i>*Submit program descriptions and policies revised as a result of change(s). Application unit review required prior to approval of added services.</i></p>	<p><b>Select all services to add:</b></p> <p><input type="checkbox"/> Adoption Services (Domestic)</p> <p><input type="checkbox"/> Adoption Services (International)</p> <p><input type="checkbox"/> Foster Care Services</p> <p><input type="checkbox"/> Maternity Home Services</p> <p><input type="checkbox"/> Second Chance Home Services</p>	<p><b>Select all services to remove:</b></p> <p><input type="checkbox"/> Adoption Services (Domestic)</p> <p><input type="checkbox"/> Adoption Services (International)</p> <p><input type="checkbox"/> Foster Care Services</p> <p><input type="checkbox"/> Maternity Home Services</p> <p><input type="checkbox"/> Second Chance Home Services</p>
<input type="checkbox"/>	<p><b>Change in Age Range of Children Served</b></p> <p><i>*Submit program descriptions and policies revised as a result of change</i></p>	<p>Current Ages Served _____ to _____</p> <p>New Ages to be Served _____ to _____</p> <p>Effective Date: _____</p>	
<input type="checkbox"/>	<p><b>Change in Owner</b></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>*Based on review of the change of owner request, additional information may be required prior to approval.</i></p>	<p>New Owner: _____</p> <p>New Owner's Phone: (    ) _____</p> <p>New Owner's Email: _____</p> <p>Proposed Effective Date: _____</p>	
<input type="checkbox"/>	<p><b>Change in Director</b></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 (ie. Resume)</i></p>	<p>New Director: _____</p> <p>New Director's Phone: (    ) _____</p> <p>New Director's Email: _____</p> <p>Proposed Effective Date: _____</p>	
<input type="checkbox"/>	<p><b>Change in Human Service Professional (HSP) or Casework Supervisor (CS)</b></p> <p><i>*Submit Educational qualifications; *Submit work experience (ie. Resume);</i></p> <p><i>*Submit copy of satisfactory CRC determination (local check or fingerprint check acceptable )</i></p>	<p>New HSP/CS: _____</p> <p>New HSP/CS Phone: (    ) _____</p> <p>New HSP/CS Email: _____</p> <p>Proposed Effective Date: _____</p>	

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 facility is responsible for meeting all rules and regulations associated with requested changes.

_____	_____
Owner /Board Chair	Date
_____	_____
Director	Date

<b>FOR OFFICE USE ONLY</b> Request received by: _____ Date Request received: _____ Date Request processed: _____
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