



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

**RESIDENTIAL CHILD CARE SECTION  
CHANGE REQUEST AND LICENSE FORM**

Date of request: \_\_\_\_\_

\*Please document the information CURRENTLY on file and not the proposed change/s for the following:

<b>Current Name of Facility:</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>Capacity (if applicable):</b> _____	<b>Ages Served:</b> _____ to _____
<b>Site Address:</b> _____ <b>City:</b> _____ <b>Zip Code:</b> _____ <b>County:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>Zip Code:</b> _____ <b>County:</b> _____	<b>Site Phone ( )</b> _____ <b>Site Fax: ( )</b> _____ <b>Site Email:</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> _____

**RESIDENTIAL CHILD CARE SECTION  
CHANGE REQUEST AND LICENSE FORM (cont'd)**

**CHECK ALL CHANGES THAT APPLY**

**Change in name of program ONLY (submit incorporation papers)**

Proposed Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Change in Program Services (check all that apply) (submit affected policy changes)**

- \_\_\_\_\_ Adoption Services
  - \_\_\_ a. Domestic
  - \_\_\_ b. International
- \_\_\_\_\_ Foster-Care Services
- \_\_\_\_\_ Maternity Home Services
  - \_\_\_ Second chance home services

**Change in Site Address (only a CPA can change without prior inspection/approval from ORCC. Others require zoning and fire approvals and measurements by ORCC)**

New Site Address: \_\_\_\_\_

\_\_\_\_\_

New Site Phone: \_\_\_\_\_

New Site Fax: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Check One:  Facility Relocated     Post Office Changed

**RESIDENTIAL CHILD CARE SECTION  
CHANGE REQUEST AND LICENSE FORM (cont'd)**

**Satellite Office (CPA only)**

Check One:  Home     Office Location

**New Site Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Site Phone:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Change in Owner (submit copy of satisfactory CRC determination)**

**New Owner:**

\_\_\_\_\_

**New Owner's Phone:** \_\_\_\_\_ **New Owner's Email:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Change in Director (submit educational qualifications, CRC, and work experience)**

**New Director:** \_\_\_\_\_

**Director's Phone:** \_\_\_\_\_ **Director's Email:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**RESIDENTIAL CHILD CARE SECTION  
CHANGE REQUEST AND LICENSE FORM (cont'd)**

**Change in Human Service Professional (HSP), Casework Supervisor (CS), or other staff requiring RCC approval prior to hire (submit educational qualifications and work experience)**

Currently held by:

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Proposed:

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Effective Date:

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**Change in Ages of Children Served (to serve age groups not previously served, e.g., infants) (submit affected policy changes)**

New Ages to be Served \_\_\_\_\_ to \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Change in licensed capacity or use of the building.**

**Attach an updated floor plan of the facility showing details of the area involved. Also attach copies of applicable approvals, i.e., fire, local, building, zoning, location. Indicate on your floor plan the location of all sinks, toilets, and diaper changing tables.**

**Comments:**

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**RESIDENTIAL CHILD CARE SECTION  
CHANGE REQUEST AND LICENSE FORM (cont'd)**

I represent that the official address listed on this application is current and correct. I will notify the Residential Child Care Licensing Section in writing if my address changes. 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 I am responsible for meeting all rules and regulations associated with these changes.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Board Chairman (if applicable)

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\*Surveyor complete the Amended License and the RCC – LICENSE LTR in GA Trails and immediately email this completed form to the Business Operations Generalist. If there is a request for change in ownership, forward this form to the Program Consultant for further review. If there is a request to add a satellite office, please discuss with your supervisor.

Date Request Received: \_\_\_\_\_