

Connecticut Department of Children and Families
INTERIM LICENSING ACTION (Requirements for a Foster Care Licensing Change)

DCF-006
 6/17 (Rev.)



THIS FORM MUST BE COMPLETED WITHIN Five (5) DAYS OF CHANGE				
FAMILY Name:		CPS Case Name (if different):		Case LINK #:
<input type="checkbox"/> Adoption <input type="checkbox"/> Core Foster Care <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Independent <input type="checkbox"/> Relative <input type="checkbox"/> Respite/back-up Caregiver				
Current Address: (No. and Street):		City	State	Zip
New Address: (No. and Street)- if applicable::		City	State	Zip
Documents Required for New Home	Yes	No	N/A	Date
Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Well Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auxiliary Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pool Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pets (if new)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Financial (Required)	<input type="checkbox"/>	<input type="checkbox"/>	Required	
Updated Home Assessment (Required)	<input type="checkbox"/>	<input type="checkbox"/>	Required	
Landlord Notification (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (e.g., pending investigation, became Daycare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Other, please describe:				
Updated Home Assessment and Description (include layout of home and yard, describe bedrooms and sleeping arrangements, describe means of egress if basement is used, discuss any concerns, note if family provides daycare to other children, etc.):				

Check off the appropriate reason for change in License:

Changed Licensed Bed Capacity from _____ to _____
REASON:

Add following name to license:
REASON:

Remove following name from license:
REASON:

Change License name to:
REASON:

Change License type: FROM: Adoption Core Foster Care Fictive Kin Independent Relative Respite/back-up Caregiver
TO: Adoption Core Foster Care Fictive Kin Independent Relative Respite/back-up Caregiver
REASON:

Tasks to be completed:	Date Completed	Comments / Notes:
<input type="checkbox"/> Generate and Mail New License to Family		
<input type="checkbox"/> LINK Changes to complete:		
<input type="checkbox"/> Address update		
<input type="checkbox"/> License change (maintain original end date)		
<input type="checkbox"/> Licensed Bed Capacity (update, if applicable)		
<input type="checkbox"/> Document assessment in LINK narrative		
<input type="checkbox"/> Waiver form completed (if applicable)		

Please check if home is licensed by the Office of Early Childhood for childcare

Names and Signatures

Name of FASU SW:	Signature of FASU SW	Date
Name of FASU SWS:	Signature of FASU SWS	Date
Name of FASU PS:	Signature of FASU PS	Date