

APPLICATION FOR MODIFICATION OF LICENSE

1. Pursuant to HSS 56.04(4)(c)(2), a licensee wanting to request a modification of an existing foster home license shall submit the following information to the licensing agency (the Winnebago County Department of Human Services).
2. Please indicate the provisions of the current license issued and indicate the modifications that are requested:

3. Please indicate why the modification is being requested:

4. The licensing agency (the Winnebago County Department of Human Services) shall determine if the requested modification is approved and document what action was taken to make that determination.

\_\_\_\_\_  
Foster Parent's Name (Print)

\_\_\_\_\_  
Foster Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Coordinator's Name (Print)

\_\_\_\_\_  
Foster Care Coordinator's Signature

\_\_\_\_\_  
Date

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Foster Care Coordinator's Name (Print)

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Foster Care Coordinator's Signature

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Date