FOSTER CARE HOME CHANGE CERTIFICATE

Colorado Department of Human Services
CCS-75C, Rev. 06/07

Provider I.D. #:

TYPE OF CHANGE(S) YOU ARE REQUESTING:

☐ Ages of children ☐ Capacity of children ☐ Change in provider's name ☐ Deletion of spouse

THIS FORM CANNOT BE USED FOR NOTICE OF CHANGE OF ADDRESS.

PRIMARY CARE PROVIDER:

_____
Last Name First Name Middle Initial

_____ _____
Date of Birth (Month/Day/Year) Social Security #

SPOUSE'S NAME:

_____
Last Name First Name Middle Initial

Deletion of spouse? ☐ Yes ☐ No

Effective Date: _____
(Month/Day/Year)

Name of Certifying Child Placement Agency: _____

License I.D. # _____

Indicate change and include <u>new capacity and/or new age of children</u>:

_____ Male _____ Female _____ Either: _____ Total

Date the change of capacity occurred: _____
(Month/Day/Year)

Ages from _____ to _____ (cannot exceed 18 years of age)

Does the FFH plan to care for children from 18 to 21 years of age? ☐ Yes ☐ No

Date this change occurred: _____
(Month/Day/Year)

CERTIFICATE DATES DO NOT CHANGE WHEN A CHANGE OF CAPACITY OR CHANGE OF AGE OF CHILDREN OCCURS.

If a family foster home moves to a new location address, the foster home must submit an original application to the child placement agency. The child placement agency is responsible for completing an on-site home inspection of the new premises. If the child placement agency chooses to issue a certificate to the family foster home at the new location, a CCS-75A Issue Certificate Form and a CCS-75B Provider Closure Form must be submitted to the Department.

AFTER COMPLETING THIS FORM, PLEASE REVIEW IT FOR ACCURACY BEFORE SUBMITTING IT TO OUR OFFICE! IF THE FORM IS INCOMPLETE OR INCORRECT, IT MAY BE RETURNED TO YOU!