

South Carolina Department of Social Services  
**ORIGINAL LICENSING/RELICENSING/CHANGES**  
**FOR RESIDENTIAL FACILITY AND CHILD PLACING AGENCY LICENSING**

- Check One:  Original Residential Application  
 Residential Relicensing  
 Change in License Status (Answer sections A and B only)  
 Original Child Placing Agency Application  
 Child Placing Agency Relicensing

**Section A**

Facility Name: \_\_\_\_\_ Director's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

This facility has been studied by \_\_\_\_\_

and has been found to be suitable for the following: \_\_\_\_\_

**Section B**

No. of Children to be Cared for in Facility: \_\_\_\_\_ Age Range: \_\_\_\_\_ Gender: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section C**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Facility Closed                               | <input type="checkbox"/> 4. Change License From _____ to _____ |
| <input type="checkbox"/> 2. Change of Address (Give new address below)    | <input type="checkbox"/> 5. Revoke License                     |
| <input type="checkbox"/> 3. Change Number of Children From _____ to _____ | <input type="checkbox"/> 6. Other: (Specify) _____             |

Comments: \_\_\_\_\_

Signature and Title of DSS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Section D – License Approval – State Office Use Only**

- Check Appropriate Box:  
 A License Has Been Issued as Listed Below       The Change Requested Has Been Noted in Our Files

License No.: \_\_\_\_\_ Number, Age and Gender of Children: \_\_\_\_\_

Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
State Director or Designee, South Carolina Department of Social Services