



OFFICE OF LICENSING AND MONITORING

Temporary Amended License Request

Date:

Provider Agency:

Certified Program Administrator:

Phone Number:

Certified Program Administrator Email Address:

Requested Start Date:

Requested End Date:

Name of Child Needing Placement:

DOB:

Provider Justification for Amended License (include ability to meet child's needs and maintain safety):

Provider Signature:

Date:

For OLM Use Only

One of the Following Must be True (please check yes or no for each criterion):

YES	NO	CRITERIA
		The child will meet the licensed age requirement within 6 months of the request if the upper age limit of the current license is more than 3 years above the current age of the child
		The child will meet licensed age requirement within 12 months of the request if the upper limit is less than 3 years above the current age of the child
		The child has exceeded the age limit while in placement and needs to remain in their current school for continuity of educational services (can only be extended to the end of the current school year)
		The youth has aged out of foster care and is awaiting a DDA placement
		The youth has exceeded the provider age range and is awaiting a placement

All of the Following Must Be True

YES	NO	CRITERIA
		The child has no developmental or cognitive delays that would decrease their functioning age level (DDA exempt)
		The provider's request has a clear plan to maintain the safety of the child that is approved by OLM
		The provider has not been subject to a corrective action plan concerning the health and/or safety of children for at least 1 year prior to the request

Based on an assessment of the Provider, I am recommending the temporary amended License be:

Approved Denied Signature: _____ Title: OLM Licensing Coordinator Date: _____

COMMENTS: _____

Approved Denied Signature: _____ Title: OLM Program Manager Date: _____

COMMENTS: _____

Based on the information provided, the request for a Temporary Amended License is: **Approved** **Denied**

COMMENTS: _____

Signature: _____ Title: OLM Deputy Director Date: _____

c: Social Services Administration