

**Change of Address  
 DD Child Foster Home**

To be submitted to Office of Licensing and Quality of Care, DD Licensing Unit, along with Health/Safety Checklist and Floor Plan of new home, **at least one-week prior to the move.**

**Current information**

Provider name: \_\_\_\_\_  
 Current address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Old phone number: \_\_\_\_\_

**Information for new home**

Move date: \_\_\_\_\_  
 New address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 New phone number: \_\_\_\_\_

Please make sure the following are completed and attached before submitting to the certification specialist.

|                            |                              |                             |                                       |                              |                             |
|----------------------------|------------------------------|-----------------------------|---------------------------------------|------------------------------|-----------------------------|
| Floor plan attached:       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Two (2) exits with arrows marked:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bedrooms indicated:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Health and Safety Checklist attached: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Smoke detectors indicated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire Extinguishers indicated:         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Sleeping arrangements (explain below):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Signature of certifier*

\_\_\_\_\_  
 Date