

Change of Information Form

Name of Facility _____ License # _____

Address: _____

Although the following does not constitute a change of ownership for licensing purposes, a change of information form is required. The change of information form shall be submitted to the Licensing Section within 14 days of the change.

I would like to report the following change:

☐ Individual ownership - death of spouse prior to execution of the estate.

- Name of deceased: _____ Date of Death: _____

☐ Individual ownership - death of spouse, execution of the estate, and surviving spouse remains as the only owner. Please provide the following:

- Name of deceased: _____ Date of Death: _____

☐ Individual ownership - undergoing a separation or divorce until a judicial termination of the community aquets and gains, that must be signed by both parties. Please provide the following:

- Date of separation: _____ or Date of Divorce: _____
- Name of individual that will maintain responsibility for business until judicial termination of community aquets and gains: _____ (Signature and date of both parties required below)

☐ Any removal of a person from the existing organizational structure under which the provider is currently licensed. Please provide the following:

- Name of person(s) no longer within the organizational structure: _____ Effective Date: _____

I certify that all information contained in this form is true and correct to the best of my knowledge and ability. I understand that knowingly providing false information on this form may cause my license to be revoked or not renewed. I also understand that knowingly providing false information may result in criminal charges. I understand that failure to comply with the law and regulations governing licensure could result in my license being not renewed or revoked.

Signature

Date

Phone

Signature

Date

Phone

DCFS Licensing
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