



SUPPLEMENTAL FORM AND INFORMATION

ATTACH TO THE DCF FILLABLE FORM AND SUBMIT

Directions: This supplemental form may be used and attached to any DCF Foster Care Licensing Fillable Form. Use this supplemental form when a person(s) are unable to digitally sign. On the FCL Fillable Form, in the expanding row type see supplemental form. All other sections of the FCL Fillable Form shall be completed. Submit the FCL Fillable Form and Supplemental Form as one document.

Section 1. Supplemental Attachment

This is a supplement to DCF FCL Form:

Pertaining to Licensed Facility:

License Number:

Section 2. Narrative

FCL Supplemental
02/21

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
PO Box 1424 Topeka, Kansas 66601-1424
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: <http://www.dcf.ks.gov>



Licensee Signature

Licensee Signature

Signature of Child Placement Agency Worker