

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

FOSTER CARE LICENSING DIVISION

Mailing Address: PO BOX 1424 Topeka, KS 66601
 Physical Address: 500 SW Van Buren Topeka, KS 66603
 Website: <http://www.dcf.ks.gov>
 Email: DCF.FCL002@ks.gov



AUTHORIZATON FOR BACKGROUND CHECK

Who Should use this form: This form is to be completed for any person required to have background checks for DCF Foster Care Licensing purposes. **This form shall also be used to update any information as necessary, i.e., name or address change.** The subject of the background check must complete sections 3 and 4. Parent or guardian signature required if background check is for a minor under the age of 18.

In order to be processed, this authorization form must be completed accurately and in full. Signatures are required for processing.

Adding New Affiliate

Updating Affiliate Name

Updating Affiliate Role

Removing Affiliate

Updating Affiliate Address

Program Type: (Select one)		Placement Type /Agency: (Include Name of Agency)	Role/Affiliation: (Select one)
1	A Foster Care/ Placement	Family Foster Home Family Foster Home/ Relative Care Family Foster Home/Non- Relative Kinship	Foster Parent Resident Substitute/Informal Caregiver
	B Employment/ Provider	Adoption, Foster or Child Placing Agency Residential Center/Group Boarding Home/ Secure Care Center Detention Staff Secure Facility Attendant Care Facility	Employment Candidate Director/Program Admin Volunteer Child Placement Agency Employee, No contact with children
Have you been fingerprinted for DCF before? YES NO			
Have fingerprints been submitted? YES NO If YES, Date Submitted: If NO, Date Scheduled:			
Will this person provide <u>DIRECT CARE or Services</u> to children in DCF Custody? YES NO			

1.1	TO BE COMPLETED ONLY WHEN REMOVING AN AFFILIATE
	This section is required to be completed on all providers in Section 1. Sections 2 and 3 will need to be filled out. Section 4 is not required when removing an affiliate.
	Effective Date:
	Reason for removal:

2	TO BE COMPLETED BY THE REQUESTING AGENCY		
	Requesting Agency:		
	Facility/Agency/Family Foster Home name or license number to have person affiliated with:		
	If needing to be affiliated with multiple facilities, list all applicable license numbers:		
	Agency Contact Name:		
	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	

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Section 3 and 4 TO BE COMPLETED BY THE INDIVIDUAL: ALL SECTIONS ARE REQUIRED

3	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">First Name</td> <td style="width: 25%;">Middle Name</td> <td style="width: 25%;">Last Name</td> <td style="width: 25%;">Date of Birth (MM/DD/YYYY)</td> <td style="width: 20%;">Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td colspan="3">Maiden and/or Any Names Formerly Used (First/Middle/Last):</td> <td>SSN:</td> <td>Race:</td> </tr> <tr> <td colspan="3">Current Street Address/Apt/Lot#</td> <td>City:</td> <td>State:</td> </tr> <tr> <td colspan="3">Phone:</td> <td colspan="2">Email:</td> </tr> </table>	First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden and/or Any Names Formerly Used (First/Middle/Last):			SSN:	Race:	Current Street Address/Apt/Lot#			City:	State:	Phone:			Email:	
	First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																
	Maiden and/or Any Names Formerly Used (First/Middle/Last):			SSN:	Race:																
	Current Street Address/Apt/Lot#			City:	State:																
Phone:			Email:																		

OUT OF STATE CHILD ABUSE REGISTRY CHECK <https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf>

3.1	<p>Have you lived out of the state of Kansas in the last 5 years?</p> <p><i>If yes, please use link above to request Out of State Registry check for each state you lived in the past 5 years and attach the completed request form(s) or results when submitting the FCL002.</i></p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>PLEASE LIST THE CITY STATE AND ZIP CODE OF EACH STATE RESIDED IN OUTSIDE OF KANSAS IN THE LAST 5 YEARS.</p>				
	City	State	Zip Code	City	State

4	<p>Authorization/Certification (Select yes or no on each question)</p>	YES	NO		YES	NO
	Have you ever been indicated as a perpetrator in an abuse/neglect investigation involving a child or adult?			Have you ever had your parental rights terminated?		
	Have you been found to be a disabled person in need of a guardian or conservator or both?			Have you ever been convicted of a criminal offense?		
	<p>I give permission for background history to be checked by DCF to determine eligibility for program participation or employment purposes. I understand the information released is for exclusive and confidential use of DCF or designee of the Secretary.</p> <p>SIGNATURE: _____ DATE: _____</p> <p>PARENT/GUARDIAN Signature (if under 18): _____ DATE: _____</p> <p>RESULTS, DCF USE ONLY:</p>					