

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>



REQUEST FOR TRANSFER OF SPONSORING AGENCY

Directions: Please complete the following and return to DCF.FCL@ks.gov. The signatures of each Foster Parent and the receiving Child Placement Agency worker are required. The following documents are required at time of submission: Family assessment and Notice of Survey Findings completed at the on-site visit.

Section 1. Family Foster Home	
Name on License:	License Number:
Address:	Email:
City, State:	Zip Code:

I/we request the transfer of the sponsorship of my/our foster care license as follows:

Section 2. Sponsoring Child Placement Agency	
From: Name of Current Sponsoring Placement Agency:	To: Name of New Child Placement Agency:
Address:	Address:
City, State:	City, State:
Email:	Email:

Licensee(s), current sponsoring and new CPA(s) agree the transfer should be effective on: *(date submitted to DCF)*

Section 3. Signature(s) of Licensee(s)

Required Signature of Licensee

Required Signature of Licensee

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Section 4. Family Preferences and Intent to Place							
I. Conditions Requiring Special Care	Yes	No	Conditional	II. Behavior Patterns	Yes	No	Conditional
Physical Disabilities				Colicky/Fussy			
Intellectual Disabilities				Temper Tantrums			
Learning Disability				Hyperactive			
Mental Disability/Illness				Bed Wetting			
Infectious Diseases				Extreme Shyness			
Non-Ambulatory				Extreme Fearfulness			
Medically Fragile				Lying			
Visually Impaired				Masturbation			
Hearing Impaired				Destructiveness			
Special Diet				Swearing			
Tube Feedings				Stealing			
Heart Defect				Running Away			
Diabetes				Aggressive/Hostile			
Epilepsy				Skippping School			
Allergies/Asthma				Smoking			
Speech Impediment				Sexually Active			
Encopresis				Eating Problem or Disorder			
Enuresis				Sexual Orientation/Gender Identification			
ADHD				Fire Setting			
Autism				Suicidal Thoughts/Threats			
Substance Abuse				Homicidal Thoughts/Threats			
Sexually Transmitted Diseases				Cruelty to Animals			
Pregnant				Self-Mutilation			
Other (Specify)				Other (Specify)			

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III. Special Considerations	Yes	No	Conditional	IV. Information about the household	Yes	No
Gang Involvement				Non-smoking		
Criminal History				Smoking, but not in the house or car		
Minor Parent with Child				Animals		
Sexual Perpetrator				Dogs		
Human Trafficking Victim				Cats		
Sexual Abuse Victim				Other Pets (Specify)		
Service Animal						
Other (Specify)						
V. Indicate any comments of the applicant(s) regarding the above issues.						
VI. List special skills or experience the applicant(s) may have.						
VII. Recommendation for use:						
Number of Children:						
Age Range _____ to _____						
Gender: Male Female						
Type of Placements (check all that apply)						
ICPC			Juvenile Offender			
Specific Child(ren) Only			Respite Care			
Parent and Child			Sibling Group			
Child in Need of Care			Private Placement			
Maternity Care			Therapeutic			
Pre-Adoption			Emergency/Temporary Care			

Section 5. Signature of Receiving Child Placement Agency Worker

Optional Signature of Current Sponsoring CPA Worker

Required Signature of Receiving CPA Worker

Date Submitted to DCF