



REQUEST FOR EXPEDITED NON-RELATIVE KINSHIP FAMILY FOSTER HOME APPLICATION

Directions: Complete this form and submit it with the application to DCF.FCL@ks.gov The form and packet must be received on or before the 14th calendar day following placement.

Section 1. Non-Related Kinship Foster Home	
Names:	Address:
Phone:	Email:
Carematch ID #	License #

Section 2.: Children		
Name:	DOB:	Date Placed:
Name:	DOB:	Date Placed:
Name:	DOB:	Date Placed:
Name:	DOB:	Date Placed:
Name:	DOB:	Date Placed:

Section 3. Description of Non-Relative Kinship Relationship

Section 4. Child placement Agency

I am requesting an expedited temporary permit for this family foster home. The child or child’s family of origin has identified this family foster home applicant as a family with whom the child or the child’s family already has a close emotional attachment. The applicant(s) have been informed that all pre-service training and other requirements must be successfully completed before a full license is issued.

Child Placing Agency Worker:	Child Placing Agency:
Email Address:	Phone Number:

Signature of CPA Worker _____ Date Submitted to DCF _____