FCL 002
REV01/21

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

FOSTER CARE LICENSING DIVISION

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Kansas Department for Children and Families

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. For fingerprints please use form FP-1020

1	Select all that apply:		Placement Type /Agency (select one):	Role/Affiliation: (Select one)
	A	☐ Foster Care/ Placement	☐ Family Foster ☐ Home Relative ☐ Placement ICPC ☐	☐ Applicant ☐ Resident of home ☐ Alternative Caregiver
	B	☐ Employment/ Provider	☐ Child Placing Agency ☐ JCIC ☐ Residential Center/Group Boarding Home ☐ Other:_____ ☐ Detention/Secure Care Center ☐ Staff Secure Facility ☐ Attendant Care Facility	☐ Employment candidate ☐ Volunteer ☐ Other ☐ Employment candidate not requiring fingerprints
	Have you been fingerprinted for DCF before? ☐ YES ☐ NO			
	Have fingerprints been submitted? YES NO If Yes, Date Submitted:			
	Will this person be providing direct care or services 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 Category A Foster Care/Placement and is optional for Providers in Category B Employment/Provider. Sections 2 and 3 will need to be filled out. Section 4 is not required when removing an affiliate.
	Effective Date:
	Reason for removal:

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	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:		
	Contact Person Name:		
	Street Address:		
	City:	**State:**	**Zip:**
	Phone:	**Email:**	

3					
	First Name	**Middle Name**	**Last Name**	**Date of Birth (MM/DD/YYYY)**	**Gender:** ☐ **Male** ☐ **Female**
	Maiden and/or Any Names Formerly Used (First/Middle/Last):			**SSN:**	**Race:**
	Current Street Address/Apt/Lot#			**If you have lived out of the state of Kansas in the last 5 years, please included all addresses below. Please Include Street/City/State/Zip Dates From/To**	
	City:	**State:**	**Zip**		
	Phone:	**Email:**			

4	**Authorization/Certification** (Select yes or no on each question)	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?	☐	☐

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.

SIGNATURE:_____ **DATE**:_____

PARENT/GUARDIAN Signature (if under 18):_____ **DATE**:_____

RESULTS, DCF USE ONLY: