

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
FOSTER CARE LICENSING AND BACKGROUND CHECKS DIVISION**

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Website: <http://www.dcf.ks.gov>
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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 Purposes. The subject of the background check must complete sections 3 and 4. All identifying information must be accurate and complete. Parent or guardian signature required if background check is for a minor under the age of 18.

1	Select all that apply:		Placement Type /Agency (select one):		Role/Affiliation: (Select one)	
	A	Foster Care/ Placement	Family Foster Home Relative Placement Adoption ICPC		Applicant Resident of home Alternative Caregiver Volunteer	
	B	Employment/ Provider	Child Placing Agency Residential Center/Group Boarding Home Detention/Secure Care Center Staff Secure Facility Attendant Care Facility	Transitional Living JCIC Community Integration PRTF Other: _____	Employment candidate Current Employee Volunteer Other	
	Have you been fingerprinted for DCF before?		YES	NO	Are Fingerprints Included?	YES
Will this person be providing direct care or services to children in DCF Custody?		YES	NO			
For Licensed Facilities OR Agencies ONLY - Please indicate the action being requested:						
Add Affiliate						
Remove Affiliate (no signature required)						

2	TO BE COMPLETED BY REQUESTOR This authorization form will not be processed without completion of this section.					
	BACKGROUND CHECK REQUESTED FOR OR BY:					
	Facility/Placement/Agency Name Or Names to have person affiliated with:					
	License # or #'s of all applicable facilities:					
	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:						