

Kansas Department for Children and Families  
Foster Care Licensing & Background Checks Division  
500 SW Van Buren PO BOX 1424 Topeka, KS 66601  
Email: [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov)  
Website: <http://www.dcf.ks.gov>



**REQUEST FOR EXPEDITED NON-RELATIVE KINSHIP FAMILY FOSTER HOME APPLICATION**

Please complete this form and submit it with the application packet to DCF. The form and packet must be received on or before the 14<sup>th</sup> calendar day following placement.

\_\_\_\_\_  
Name of Family Foster Home (as indicated on application)    Address    City    Zip    County

Carematch ID: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name    Date of Birth    Date child placed in this home

\_\_\_\_\_  
Child's Full Name    Date of Birth    Date child placed in this home

\_\_\_\_\_  
Child's Full Name    Date of Birth    Date child placed in this home

\_\_\_\_\_  
Child's Full Name    Date of Birth    Date child placed in this home

Description of Non-Relative Kinship Relationship:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Licensing Worker

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email Address