

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

Mailing Address: PO BOX 1424 Topeka, KS 66601  
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Website: <http://www.dcf.ks.gov>  
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**AUTHORIZATION 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.

<b>1</b>	<b>Select all that apply:</b>		<b>Placement Type /Agency (select one):</b>		<b>Role/Affiliation: (Select one)</b>	
	<b>A</b>	<b>Foster Care/ Placement</b>	Family Foster Home - Application Submitted? Y / N (Please Circle) Relative Placement Adoption ICPC		Applicant Resident of home Alternative Caregiver Volunteer	
<b>B</b>	<b>Employment/ Provider</b>	Child Placing Agency Residential Center/Group Boarding Home Detention/Secure Care Center Staff Secure Facility Attendant Care Facility PRTF	Transitional Living JCIC Community Integration Child Support Services Rehabilitation Services Other: _____	Employment candidate Current Employee Volunteer Other		
<b>Have you been fingerprinted for DCF before?</b>		YES	NO	<b>Are Fingerprints Included?</b>		YES NO
<b>For Licensed Facilities OR Agencies ONLY- Please indicate the action being requested:</b> Add Affiliate Remove Affiliate (no signature required)						

<b>2</b>	<b>TO BE COMPLETED BY REQUESTOR</b> This authorization form will not be processed without completion of this section.					
	<b>BACKGROUND CHECK REQUESTED FOR OR BY:</b>					
	Facility/Placement/Agency Name to have person affiliated with:					
	License # if Applicable:					
	Contact Person Name:					
	Street Address:					
	City:		State:		Zip:	
Phone:		Email:				

<b>3</b>	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#					<b>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</b>				
	City:		State:		Zip					
	Phone:		Email:							

<b>4</b>	<b>Authorization/Certification</b> (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: _____					
<b>RESULTS, DCF USE ONLY:</b>										