





## Kansas Department for Children and Families

Foster Care Licensing & Background Checks Division  
500 SW Van Buren St. PO Box 1424 Topeka, KS 66601

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### Family Foster Home Application for Licensure

**Strong Families Make a Strong Kansas.** The service you offer to children and youth is important to the community and will have a lasting impact on the children/youth in your home. It is also important to their families. Kansas child care laws and regulations are designed to reduce the predictable risks of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a family foster home and 2) affirming that you have read and agree to comply with all laws and regulations for family foster homes in Kansas.

<b>SECTION I. INTENT OF THE APPLICANT COMPLETE BELOW</b>				
Initial Application (General Care)				
Specific Children (NRKIN, Relative Placement, ICPC)			Care Match ID:	
This application is for a family foster home that is currently licensed or approved, but we are:	Moving to a new location		Changing Ownership (Removing or adding someone to current license)	
	Changing Program Type (NRKIN, Relative Approval to General Care)			
Type of Licensure:	A License	An Approval for a Military Base	An Approval for Indian Reservation	
Capacity & Age range requesting:	Number of children	Age range		
I/we have or have had a license or approval through KDHE or DCF:	No	Yes		
I/we have had a license or approval for a foster home in another state:	No	Yes		
If yes License #	Type of Care:	What State:		
<b>SECTION II. APPLICANT INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.</b>				
<b>Applicant Legal Name</b>				
Last	First	Middle	Phone #	Work #
<b>Spouse/Co-Applicant Legal Name</b>				
Last	First	Middle	Phone#	Work #
Physical Address of Home (Street Address)	City	County	Zip Code	
Mailing Address of home (if different from above)	City	Zip	Email Address	
This home is connected to:	Public Water	Public Sewer	Well Water	*Septic Tank/Lagoon
*If not on public water/sewer, annual approval of water supply and sewage disposal is required.				



**SECTION IV. FAMILY PREFERENCES:** The CPA Licensing Worker is to complete a written family assessment of the foster home, including a complete walkthrough survey and recommendations on this form to be in compliance with K.A.R.28-4-802(d). The applicant(s) are willing to consider children with the following conditions or behaviors and agree with the licensing worker's recommendation for use:

<b>I. Conditions Requiring Special Care</b>	<b>Yes</b>	<b>No</b>	<b>Conditional</b>	<b>II. Behavior Patterns</b>	<b>Yes</b>	<b>No</b>	<b>Conditional</b>
<b>Physical Disabilities</b>				<b>Colicky/Fussy</b>			
<b>Intellectual Disabilities</b>				<b>Temper Tantrums</b>			
<b>Learning Disability</b>				<b>Hyperactive</b>			
<b>Mental Disability/Illness</b>				<b>Bed Wetting</b>			
<b>Infectious Diseases</b>				<b>Extreme Shyness</b>			
<b>Non-Ambulatory</b>				<b>Extreme Fearfulness</b>			
<b>Medically Fragile</b>				<b>Lying</b>			
<b>Visually Impaired</b>				<b>Masturbation</b>			
<b>Hearing Impaired</b>				<b>Destructiveness</b>			
<b>Special Diet</b>				<b>Swearing</b>			
<b>Tube Feedings</b>				<b>Stealing</b>			
<b>Heart Defect</b>				<b>Running Away</b>			
<b>Diabetes</b>				<b>Aggressive/Hostile</b>			
<b>Epilepsy</b>				<b>Skipping School</b>			
<b>Allergies/Asthma</b>				<b>Smoking</b>			
<b>Speech Impediment</b>				<b>Sexually Active</b>			
<b>Encopresis</b>				<b>Eating Problem or Disorder</b>			
<b>Enuresis</b>				<b>Sexual Orientation/Gender Identification</b>			
<b>ADHD</b>				<b>Fire Setting</b>			
<b>Autism</b>				<b>Suicidal Thoughts/Threats</b>			
<b>Substance Abuse</b>				<b>Homicidal Thoughts/Threats</b>			
<b>Sexually Transmitted Diseases</b>				<b>Cruelty to Animals</b>			
<b>Pregnant</b>				<b>Aggressive/Hostile</b>			
<b>Other (Specify)</b>				<b>Self-Mutilation</b>			

<b>III. Special Considerations</b>	<b>Yes</b>	<b>No</b>	<b>Conditional</b>	<b>IV. Information about the household</b>	<b>Yes</b>	<b>No</b>
<b>Gang Involvement</b>				<b>Non-Smoking</b>		
<b>Criminal History</b>				<b>Smoking, but not in house or car</b>		
<b>Minor Parent with Child</b>				<b>Animals</b>		
<b>Sexual Perpetrator</b>				<b>Dogs</b>		
<b>Human Trafficking Victim</b>				<b>Cats</b>		
<b>Sexual Abuse Victim</b>				<b>Other Pets (Specify)</b>		
<b>Service Animal</b>						
<b>Other (Specify)</b>						
<b>V. Indicate any comments of the applicant(s) regarding the above issues</b>						
<b>VI. List special skills or experience the applicant(s) may have.</b>						
<b>VI. Recommendation for use:</b>						
<b>Number of Children</b>						
<b>Age Range                      To</b>						
<b>Gender:                      Male                      Female</b>						
<b>Type of Placements (check all that apply):</b>						
<b>Pre-Adoption</b>						
<b>Emergency/Temporary Care</b>						
<b>Maternity Care</b>						
<b>Therapeutic</b>						
<b>ICPC</b>						
<b>Juvenile Offender</b>						
<b>Specific Child(ren) Only</b>						
<b>Respite Care</b>						
<b>Mother and Child</b>						
<b>Sibling Group</b>						
<b>Child in Need of Care</b>						
<b>Private Placement</b>						



**SECTION V. TRAINING COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT. K.A.R. 28-4-806** requires foster parents to provide evidence of child care experience and knowledge of child care methods which will enable any child to develop his or her potential.

**APPLICANT NAME:**

**Foster Home Preparatory Certificate (PSMAPP, DT, Etc.)**

**First Aid**

**Medication Administration**

**Universal Precautions**

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**Foster Home Preparatory Certificate (PSMAPP, DT, Etc.)**

**First Aid**

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**Universal Precautions**



**SECTION VI. AGREEMENTS AND AUTHORIZED SIGNATURE(S) READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED**

<b>A. The references listed have been checked and are on file with the CPA</b>		<b>Yes</b>	<b>No</b>
<b>B. Reported income sources/amounts have been verified and documented</b>		<b>Yes</b>	<b>No</b>
<b>C. Fingerprints have been received and forwarded to DCF for Fingerprint-Based check</b>		<b>Yes</b>	<b>No</b>
<b>D. Child Abuse/Neglect Registry requests have been submitted to each state where the household members, 18 or older, have resided in the past 5 years</b>	N/A	<b>Yes</b>	<b>No</b>
<b>E. We certify that the following family preparation and assessment process and training has been completed</b>		<b>Yes</b>	<b>No</b>
<b>F. Do you follow the medical standard of care for recommended childhood immunizations? If no, do you claim a statutory exemption? If so, please explain below.</b>		<b>Yes</b>	<b>No</b>

Information which I/we have provided above is true to my/our best knowledge. I/We have selected this agency as my/our sponsoring agency for purposes of licensure, placement and supervision. I/We understand the Fingerprint-Based Check and Child Abuse/Neglect Registry results will assist in the determination for full licensure.

I/We, the undersigned am [are the persons] named as the applicant(s) listed in Section II.

I/We have read the laws and regulations governing the operation of this facility and it is the intention of this applicant to comply.

I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

I/We affirm that my/our sponsoring child placing agency's policy on discipline will be followed.

I/We understand that a new application may take up to 90 days for processing by DCF once DCF receives a complete application.

I/We understand that I/we are not authorized to provide services related to family foster care prior to receiving a Temporary Permit or License from DCF.

In accordance with Kansas Statutes Annotated 44-1009, I/we shall not refuse service to any person for reason of race, religion, color, sex, physical handicap, national origin or ancestry.

I/We understand that placement requires prior receipt of license and compliance with licensing statutes and regulations.

I/We affirm that I/we will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.

I/We affirm that residents or guests will not smoke in the family foster home, in any vehicle used to transport the child, or in the presence of the child in foster care.

I/We affirm that my/our sponsoring child placing agency's policy on prudent parenting will be followed.

I/We understand by signing this application that the Department for Children and Families Foster Care Licensing Division may request information pertaining to any previous childcare licensure information from any state in which the applicant/s have held a license.

I/We understand that by signing this application, I/we are providing consent for the releasing of information pertaining to any previous childcare licenses held in the applicants name and that this release is valid for the duration of licensure with the Licensing Division.

Applicant Signature

Date

Spouse/Co-Applicant Signature

Date

I, sponsoring agency licensing worker has completed a written family assessment, including a complete walkthrough survey, of this foster home. Copies of the narrative and the walkthrough survey report are on file at the child placing agency office. The Family preferences contained in this form are based on the written assessment, walkthrough survey and the preliminary screening and have been reviewed with the applicant(s). The fingerprints of the applicant(s) have been received and forwarded to KBI for the Fingerprint-Based Check and Child Abuse/Neglect Registry requests have been submitted to each state where the household member, 18 or older, have resided in the past 5 years.

The child placing agency has determined that, after receipt of a license to provide family foster care, we will place children in this home and will provide services to support compliance with licensing statutes and regulations.

Signature of Child Placing Agency Licensing Worker

Date

Printed Name

Phone#

Email Address