

DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing and Background Checks Division
 PO BOX 1424 • Topeka, Kansas 66601-1424
 500 SW Van Buren • 2nd Floor • Topeka, Kansas 66603 Fax
 (785) 296-8609
 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 14th calendar day following placement.

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