



FAMILY FOSTER HOME APPLICATION FOR LICENSURE, APPROVAL OR RENEWAL

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.

SECTION I. APPLICANT INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.							
Applicant's Legal Name				Last	First	Middle	Work # ()
							Cell # ()
Spouse/Co-Applicant Legal Name				Last	First	Middle	Work # ()
							Cell # ()
Physical Address of Home (Street Address)					City		Zip Code +4
County		Phone Number ()		Email Address			
Mailing Address of the Home (if different than above)					City		Zip Code + 4
This home is connected to: <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer <input type="checkbox"/> Well Water * <input type="checkbox"/> Septic Tank/Lagoon *							
*If not on public water/sewer, annual approval of water supply and sewage disposal is required.							

SECTION II. INTENT OF THE APPLICANT/OPERATOR. COMPLETE ONE OF THE TWO BOXES BELOW (NEW OR RENEWAL).				
NEW APPLICATION				
<input type="checkbox"/> This application is for a new family foster home.				
<input type="checkbox"/> This application is for a family foster home that is currently licensed or approved, but we are:				
<input type="checkbox"/> Moving to a new location	<input type="checkbox"/> Changing Ownership (example: adding or removing someone from the license)	<input type="checkbox"/> Changing our program type (example: from an approved home to a licensed home)		
<input type="checkbox"/> This application is for:				
<input type="checkbox"/> A license	<input type="checkbox"/> An approval for age (16+)	<input type="checkbox"/> An approval for relative care	<input type="checkbox"/> An approval for a military base	<input type="checkbox"/> An approval for an Indian Reservation
Number _____ and ages _____ of children for who I/we wish to provide care.				
I/we have applied for, have, or had a license, approval from KDHE or DCF:				
<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, specify the following: Date applied for _____ Type of care _____ Year _____ License # _____ Name and address if different from current: _____ Name Street Address City State Zip County		
RENEWAL APPLICATION				
<input type="checkbox"/> This application is notification to renew my/our existing license for another year.				

Name: _____

License #: _____

HISTORY OF RESIDENCE (INITIAL APPLICANTS ONLY).

Have any household members, 18 years or older, resided outside the state of Kansas in the past 5 years?

Yes (complete section below)

No (mark "N/A" in section below)

Report any residences outside the state of Kansas for the past 5 years, for household members 18 years or older. If additional space is needed, use the back of the form or attach to the application.

Name	Physical Street Address	City	State	Zip Code	County

The regulations require that a family foster home have stability in income or financial resource sufficient to meet the needs of the family without the support provided for individual children in foster care. One factor in determining that the family has such stability is to require information about employment history, including income, or other financial resource(s) and income at time of initial application. It is also necessary to document that the stability is maintained. **Employment history is required for all applicants.**

Employment History (past five years for each applicant):

CURRENT JOB	Applicant #1	Applicant #2
Name		
Employer's Name		
Employer's Address		
Type of Business		
Job Title		
From/To (mm/yy)		
Current Annual Salary		
Supervisor's Name		
Supervisor's Phone		

PAST WORK HISTORY	Applicant #1	Applicant #2
Name		
Employer's Name		
Employer's Address		
Type of Business		
Job Title		
Last Salary		
From/To (mm/yy)		
Reason for Leaving		

Add additional sheets if necessary. If unemployed, retired, or disabled, specify income source(s) and amount(s).

_____ \$ _____

Applicant(s)/Licensee(s) is an employee or volunteer with a Child Placing Agency? Yes No

Applicant(s)/Licensee(s) is a relative or member of the governing body of the Sponsoring Child Placing Agency? Yes No

If yes to either question above, indicate which Child Placing Agency? _____

Name: _____

License #: _____

SECTION III. REFERENCE INFORMATION. INITIAL APPLICANTS ONLY. PLEASE LIST THREE REFERENCES IN ADDITION TO EMPLOYERS AND LIMITED TO NO MORE THAN ONE RELATIVE. ADDITIONAL REFERENCES MAY BE REQUESTED.

Name	Street Address	City, State, Zip Code	Telephone Number

SECTION IV. ANNUAL TRAINING FOR RENEWAL APPLICATIONS AND NEW APPLICATIONS DUE TO A MOVE, PROGRAM CHANGE, OR OWNERSHIP CHANGE. 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. **K.A.R. 28-4-806(b)** requires each foster parent to have at least **eight clock-hours of training in specific topic areas each licensing year, of which at least 2 clock-hours are obtained through participation in group training.**

APPLICANT NAME:

TRAINING TITLE	TOPIC AREA	PRESENTER	DATE OF TRAINING	HOURS

APPLICANT NAME:

TRAINING TITLE	TOPIC AREA	PRESENTER	DATE OF TRAINING	HOURS

Name: _____
License #: _____

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

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 attest, under penalty of perjury, that to the best of my/our knowledge, the information provided in this application is true and correct.

Applicant	Date (mm/dd/yyyy)
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Co- Applicant	Date (mm/dd/yyyy)
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Reviewed and Approved by:

Sponsoring Child Placing Agency Licensing Worker	Date (mm/dd/yyyy)
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Printed Name	Agency	Phone # ()	Email Address
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