



**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.

<b>SECTION I. APPLICANT INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.</b>							
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.							

<b>SECTION II. INTENT OF THE APPLICANT/OPERATOR. COMPLETE ONE OF THE TWO BOXES BELOW (NEW OR RENEWAL).</b>				
<b>NEW APPLICATION</b>				
<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
<b>RENEWAL APPLICATION</b>				
<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 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)
-----------	-------------------

Co- Applicant	Date (mm/dd/yyyy)
---------------	-------------------

**Reviewed and Approved by:**

Sponsoring Child Placing Agency Licensing Worker	Date (mm/dd/yyyy)
--	-------------------

Printed Name	Agency	Phone # (    )	Email Address
--------------	--------	-------------------	---------------

**SECTION VII. MAILING INSTRUCTIONS. SUBMIT THE DOCUMENTS LISTED IN ONE OF THE TWO BOXES BELOW (INITIAL/NEW APPLICATION OR RENEWAL APPLICATION), AS APPLICABLE. FOLLOW THE MAILING INSTRUCTIONS PROVIDED.**

**NEW APPLICATION**

Submit only the following documents to DCF:

- Completed and signed application (FCL 401) (signed by the applicant(s) and sponsoring child placing agency licensing worker).
- KBI/DCF Background Check Request form (FCL 002) (You must keep a copy on file)
- Fingerprint-based Check of Criminal History/Out of State Child Abuse/Neglect Registry form (FCL 411) and fingerprint/registry results (if available at time of application)\*
- Recommendation For Use by CPA & Intent to Place (FCL 653)
- A complete floor plan of your home giving linear measurements for each room. Include fire escape routes and room layout of each floor. Identify how each room is used and specify who will use each bedroom. Designate all window and door locations. Provide measurements of each window in bedrooms or rooms which may be potential bedrooms. **If the basement is used as living space, show second exit which goes directly to the outside and provide the dimensions.**
- Attach directions to the home if in a rural location or if the home may be difficult to locate.
- The Licensed & Approved Family Foster Home Survey form (FCL 403) and the original Notice of Survey Finding form (FCL 657)
- Copy of PS-MAPP or PS-Deciding Together certificate for each foster parent applicant [You must keep a copy on file]
- Copy of First Aid (3 hours, face-to-face) certificate for each foster parent applicant\* [You must keep a copy on file]
- Copy of Medication Administration certificate for each foster parent applicant\* [You must keep a copy on file]
- Copy of Universal Precautions certificate for each foster parent applicant\* (You must keep a copy on file)

YOU WILL WORK WITH YOUR SPONSORING CHILD PLACING AGENCY TO ENSURE THAT THE FORMS/DOCUMENTS LISTED ABOVE ARE INCLUDED IN YOUR APPLICATION PACKET TO BE SUBMITTED TO DCF. IT IS RECOMMENDED YOU KEEP A COPY OF ALL SUBMITTED MATERIALS. BE SURE TO KEEP ORIGINALS OF YOUR TRAINING CERTIFICATES.

\*If fingerprint results have not been obtained or first aid, medication administration and/or universal precautions training has not been taken at time of application, results and/or certificates need to be forwarded to DCF upon completion.

**RENEWAL APPLICATION**

Submit only the following documents to DCF:

- Completed and signed application (FCL 401) (signed by the licensee(s) and sponsoring child placing agency licensing worker).
- KBI/DCF Background Check Request form (FCL 002) [You must keep a copy on file]
- Continued Recommendation for Use by CPA (FCL 654)
- Training report for each foster parent, including at least 8 clock-hours of training annually [You must keep a copy on file]
- The Licensed & Approved Family Foster Home Survey form (FCL 403) and the original Notice of Survey Finding form (FCL 657)

YOU WILL WORK WITH YOUR SPONSORING CHILD PLACING AGENCY TO ENSURE THAT THE FORMS/DOCUMENTS LISTED ABOVE ARE INCLUDED IN YOUR ANNUAL RENEWAL APPLICATION PACKET TO BE SUBMITTED TO DCF. IT IS RECOMMENDED THAT YOU KEEP A COPY OF ALL SUBMITTED MATERIALS. BE SURE TO KEEP YOUR TRAINING CERTIFICATES. IF SOME OF YOUR TRAINING HOURS ARE FROM BOOK OR VIDEO REPORTS, KEEP A COPY OF THE APPROVED REPORTS IN YOUR FILE (APPROVED REPORTS WILL BE SIGNED BY THE SPONSORING CHILD PLACING AGENCY LICENSING WORKER TO INDICATE ACCEPTANCE). DO NOT SEND COPIES OF TRAINING CERTIFICATES FOR RENEWALS TO DCF UNLESS REQUESTED.

**NOTE: WITHOUT SPECIFIC INSTRUCTION FROM DCF, DO NOT SEND IN THE FOLLOWING: Health Assessments; TB/Chest X-ray reports; Provider checklists; Documentation of pet immunizations; menus; and/or vehicle inspections.**