

DEPARTMENT FOR CHILDREN AND FAMILIES
 Foster Care Licensing and Background Checks Division
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License # _____

FAMILY FOSTER HOME SAMPLE MENU

Name _____

Please complete the sample menu chart by inserting menus for one week's meals as if the children were eating every meal at the foster home. **Complete only on initial application. Keep the completed menu page in your files. The surveyor/licensing social worker will review the menu page during your survey or assessment.**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
AM Snack							
Lunch							
PM Snack							
Dinner							

Applicant/Licensee Signature

Date

Applicant/Licensee Signature

Date