

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care and Residential Facility Licensing Division
 555 South Kansas Ave. • 2nd Floor • Topeka, Kansas 66603
 Fax (785) 296-5937
 Website: <http://FosterLicensing.dcf.ks.gov>



FINGERPRINT-BASED CHECK OF CRIMINAL HISTORY/OUT OF STATE CHILD ABUSE/NEGLECT REGISTRY

TO BE COMPLETED BY THE SPONSORING CHILD PLACING AGENCY IN ACCORDANCE WITH K.A.R. 28-4-805 (INITIAL APPLICANTS ONLY; not required for licensed foster parent(s) completing the initial application due to a move)

SECTION I. FINGERPRINT-BASED CHECKS

1A. Fingerprint-based checks have been processed and are attached for the applicant(s)

- Yes (complete Section II if applicable) No (complete 1B.)

1B. Fingerprint-based checks have been submitted for processing and results are pending and will be submitted to DCF upon receipt (complete information below)

Name of applicant(s)	Date fingerprints forwarded to KBI

SECTION II. OUT OF STATE CHILD ABUSE/NEGLECT REGISTRY (if no household member(s), 18 years or older, has resided outside the state of Kansas in the past five years, mark this section "N/A")

2A. Out of State Child Abuse/Neglect Registry checks have been processed and are attached for household member(s)

- Yes (skip 2B.) No (complete 2B.)

2B. Out of State Child Abuse/Neglect Registry checks have been submitted for processing and results are pending and will be submitted to DCF upon receipt (complete information below).

Name of household member(s)	Name of state department of social services	State	Date request sent

Printed name of Child Placing Agency Licensing Worker	Signature of Child Placing Agency Licensing Worker
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Phone # ()	Email Address	Date
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