



APPLICATION FOR A LICENSE TO CONDUCT A CHILD PLACING AGENCY

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 and families you serve. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a child placing agency and 2) affirming that you have read and agree to comply with all laws and regulations for child placing agencies operating in Kansas.

SECTION I. INTENT OF THE APPLICANT/OPERATOR.

- This application is for a new child placing agency.
- This application is for an agency that is currently licensed, but we are:
 - moving to a new location
 - changing ownership

SECTION II. FACILITY INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

| | | |
|---|------------------------------|-------|
| Official name of the Facility to be stated [or as stated] on the license. | Contact Person for Licensing | Title |
|---|------------------------------|-------|

| | | |
|--|------|--------------|
| Physical Address of the Facility: Street Address | City | Zip Code + 4 |
|--|------|--------------|

| | | | |
|--------|------------------------|----------------------|---------------|
| County | Phone Number () | Fax Number () | Email Address |
|--------|------------------------|----------------------|---------------|

| | | |
|---|------|-------------|
| Mailing Address of the Facility: Street Address | City | Zip Code +4 |
|---|------|-------------|

SECTION III. LEGAL OWNER/OPERATOR INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

| | | |
|----------------------------------|------------------------------|-------|
| Name of the Legal Owner/Operator | Contact Person for Licensing | Title |
|----------------------------------|------------------------------|-------|

| | | |
|--|------|--------------|
| Physical Address of the Owner/Operator: Street Address | City | Zip Code + 4 |
|--|------|--------------|

| | | | |
|--------|------------------------|----------------------|---------------|
| County | Phone Number () | Fax Number () | Email Address |
|--------|------------------------|----------------------|---------------|

| | | |
|---|------|-------------|
| Mailing Address of the Owner/Operator: Street Address | City | Zip Code +4 |
|---|------|-------------|

The Legal Owner/Operator is a [check ONE of the following]:

- individual, partnership or association of individuals that is [are] not incorporated.
- corporation.*
- governmental agency.
- other [please describe] _____

*Attach certified copy of Articles of Incorporation and bylaws which are filed with the Secretary of State's Office.

Provide tax identification number: _____ . [For an individual operator, this is the social security number.]

SECTION IV. SERVICES. I/We intend to provide the following services [Check all that apply]:

- Sponsor Family Foster Homes
- Serve children in Family Foster Care
- Serve children in Residential Care
- Serve children needing Special Needs Adoption
- Serve birth parents and children needing Infant Adoption services

PLEASE TYPE OR PRINT A BRIEF SUMMARY OF THE SERVICES YOU PLAN TO PROVIDE.

SECTION V. PHYSICAL PLANT. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

| |
|---|
| A. This facility is: <input type="checkbox"/> New Construction <input type="checkbox"/> An Existing Building <input type="checkbox"/> A Mobile Home |
| B. This facility 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 VI. ADDITIONAL INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

| |
|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No I/We have applied for a license for a child care facility in the past. If yes, date: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I/We have had a license for a child care facility in the past and the facility is closed. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I/We currently have a license for a child care facility and I/we intend to keep that facility open. |
| If you answered Yes to either of the above questions, please complete the following information: |
| Name on the previous/current license: _____ |
| License/Certificate Number: _____ |
| Address on the previous/current license: _____ |
| Calendar Year(s) of operation: _____ |

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

I/We, the undersigned am [are the person(s)] named as the Applicant or the authorized representative(s) of the owner listed above.

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 I/we have developed a written statement of philosophy, purpose, program orientation, and policy of operation including the agency's position on disciplinary methods to be used by staff. Corporal punishment is prohibited. The statement contains long and short term goals and is available to the designated representative of the Kansas Department for Children and Families [DCF], and to the public.

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 child placing 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.

| | | |
|---|---------------|--------------------------|
| Authorized Signature: | Title: | Date (MM/DD/YYYY) |
| Authorized Signature, if more than one person: | Title: | Date (MM/DD/YYYY) |

SECTION VIII. PAYMENT OPTIONS.

All fees must be paid by check or money order.

SECTION IX. MAILING INSTRUCTIONS.

Submit the following documents:

1. Completed and signed application.
2. Request for KBI/DCF Background Check [You must keep a copy on file.]
3. Fire Safety Approval.
4. Licensing fee: Attach check or money order for license fee - \$75.00 initial fee
5. Articles of Incorporation and Bylaws (if applicable)
6. Detailed program description. [**Brief summary of the program description was requested in Part IV Services**]
7. Floor Plan/Plot Plans (see Part IV Physical Plant)
8. Directions to facility if rural location
9. Organizational Chart and POS/HIM descriptions
10. Documentation the building meets legal requirements of the community
11. Approval of well water/sewage disposal system (if applicable).
12. An annual budget and reports required by K.A.R. 28-4-172 (d).
13. Initial applicants must also submit: evidence of a need for services to a particular group of children; a definition of the services to be provided in sufficient detail to indicate the agency has an understanding of each particular service; a description of the geographical area it serves or intends to serve; evidence that its services will be used by referral sources.