FCL 653
Rev. 03/16

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

Kansas Department for Children and Families
Strong Families Make a Strong Kansas

License # _____

RECOMMENDATION FOR USE BY CPA & INTENT TO PLACE

(Complete at Initial Assessment and New Applications due to a move, program change or ownership change)

APPLICANT(S) NAME(S) _____

INSTRUCTIONS: The CPA Licensing Worker is to complete a written family assessment of the foster home, including a complete walkthrough survey and recommendations on this form to be in compliance with K.A.R. 28-4-802(d).

The applicant(s) are willing to consider children with the following conditions or behaviors and agree with the licensing worker's recommendation for use:

I. Conditions Requiring Special Care	Yes	No	Conditional
A. Developmental Disabilities			
B. Non-Ambulatory			
C. Orthopedic			
D. Visually Impaired			
E. Hearing Impaired			
F. Mental Disability			
G. Mental Illness			
H. Learning Disability			
I. Diabetes			
J. Epilepsy			
K. Allergies/Asthma			
L. Heart Defect			
M. Sexually Transmitted Disease			
N. Pregnant			
O. Alcohol/Drug Abuse			
P. HIV/AIDS			
Q. ADHD			
R. Speech Impediment			
S. Special Education			
U. Tube Feedings			
V. Other (Specify)			

II. Behavior Patterns	Yes	No	Conditional
A. Colicky/Fussy			
B. Temper Tantrums			
C. Hyperactive			
D. Bed Wetting			
E. Extreme Shyness			
F. Extreme Fearfulness			
G. Lying			
H. Masturbation			
I. Destructiveness			
J. Swearing			
K. Stealing			
L. Running Away			
M. Aggressive/Hostile			
N. Skipping School			
O. Smoking			
P. Sexually Active			
Q. Eating Problem or Disorder			
R. Homosexual Behavior			
S. Fire Setting			
T. Other (Specify)			

III. Special Considerations	Yes	No	Conditional
A. Gang Involvement			
B. Criminal History			
C. Minor Parent With Child			
D. Sexual Predator			

IV. Information about the household	Yes	No
A. Non-smoking		
B. Smoking, but not in the house or car		
C. No Animals		
D. Dogs		
E. Cats		
F. Other Pets (Specify)		

V. Indicate any comments of the applicant(s) regarding the above issues.

_____

_____

_____

VI. List special skills or experience the applicant(s) may have.

_____

_____

_____

VII. Recommendation for use:		
A. Number of Children		
B. Age Range	_____ to _____	
C. Sex	☐ Male	☐ Female
D. Type of Placements (check all that apply)		
☐ Pre-adoption	☐ Specific Child(ren) Only	
☐ Emergency/temporary Care	☐ Respite Care	
☐ Maternity Care	☐ Mother and Child	
☐ Therapeutic	☐ Sibling Group	
☐ ICPC	☐ Child in Need of Care	
☐ Juvenile Offender	☐ Private Placement	

VIII. Affirmation and Attestations:			
A. The references listed on the application have been checked and are on file with the CPA		☐ Yes	☐ No
B. Reported income sources/amounts have been verified and documented		☐ Yes	☐ No
C. Fingerprints have been received and forwarded to KBI for Fingerprint-Based check		☐ Yes	☐ No
D. Child Abuse/Neglect Registry requests have been submitted to each state where the household members, 18 or older, have resided in the past 5 years	☐ Yes	☐ No	☐ N/A
E. We certify that the following family preparation and assessment process and training has been completed		☐ Yes	☐ No

APPLICANT NAME _____

TRAINING TITLE	PRESENTER OR AGENCY	DATE TRAINING COMPLETED	HOURS
PS-MAPP or PS-Deciding Together			
First Aid (3 hour course; face-to-face)			
Universal Precautions			
Medication Administration			
CPR (when applicable)			
Physical Restraint (when applicable)			

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Information which I/we have provided above is true to my/our best knowledge. I/We have selected this agency as my/our sponsoring agency for purposes of licensure, placement and supervision. I/We understand the Fingerprint-Based Check and Child Abuse/Neglect Registry results will assist in the determination for full licensure.

I/We understand that placement requires prior receipt of license and compliance with licensing statutes and regulations.

_____

Applicant Signature Date

_____

Spouse/Co-Applicant Signature Date

I completed a written family assessment, including a complete walkthrough survey, of this foster home on _____ (date). Copies of the narrative and the walkthrough survey report are on file at the child placing agency office. The Recommendations for Use contained in this form are based on the written assessment, walkthrough survey and the preliminary screening and have been reviewed with the applicant(s). The fingerprints of the applicant(s) have been received and forwarded to KBI for the Fingerprint-Based Check and Child Abuse/Neglect Registry requests have been submitted to each state where the household member, 18 or older, have resided in the past 5 years.

The child placing agency has determined that, after receipt of a license to provide family foster care, we will place children in this home and will provide services to support compliance with licensing statutes and regulations.

_____

Signature of Child Placing Agency Licensing Worker Date

_____

Printed Name Phone # Email Address