

Foster Care and Residential Facility  
Licensing Division  
DCF Administration Building  
555 S. Kansas Ave., 2nd Floor  
Topeka, KS 66603



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www.dcf.ks.gov

Phyllis Gilmore, Secretary

Sam Brownback, Governor

**RELEASE OF INFORMATION FAMILY FOSTER HOME COMPLIANCE HISTORY**

Please complete the following and return it to the Kansas Department of Children and Families, Foster Care and Residential Facility Licensing Division. The signature of each foster parent is required.

Please allow 30 days for this form to be returned to the requestor.

I, \_\_\_\_\_, authorize DCF to release the following information pertaining to my family  
(Foster parent Name(s))

foster home (check all that apply):

- Foster Parent(s) address and phone number
- Date Temporary Permit and/or full license was issued
- Compliance history, including complaint and enforcement action history

The information indicated above will be released to:

Contact Person: \_\_\_\_\_

Child Placing Agency Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Foster Parent      Date

\_\_\_\_\_  
Signature of Foster Parent      Date

Family Foster Home License: # \_\_\_\_\_

Recipient Name

Date

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(information contained in this box will be completed by DCF staff)

\_\_\_\_\_  
Address/Phone number (exactly as it appears on the license)

\_\_\_\_\_  
Date Temporary Permit was issued

\_\_\_\_\_  
Date License was issued

Compliance History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_