

Foster Care Licensing and  
Background Checks Division  
500 Van Buren, P.O. Box 1424  
Topeka, KS 66601-1424



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Laura Howard, Acting Secretary

Laura Kelly, 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 Licensing and Background Checks 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:

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