

FOSTER CARE AND RESIDENTIAL FACILITY LICENSING DIVISION

FOSTER FAMILY FINANCIAL ASSESSMENT

Applicant #1 _____	Applicant #2 _____
*Current Employment _____ *Gross Monthly Income _____ *Net Income _____ _____	*Current Employment _____ *Gross Monthly Income _____ *Net Income _____ _____
*Other Sources of Income/Resources: Source: _____ Monthly Net Income: _____ Source: _____ Monthly Net Income: _____ Source: _____ Monthly Net Income: _____ TOTAL MONTHLY NET INCOME _____ (Include Net Income from above)	*Other Sources of Income/Resources: Source: _____ Monthly Net Income: _____ Source: _____ Monthly Net Income: _____ Source: _____ Monthly Net Income: _____ TOTAL MONTHLY NET INCOME _____ (Include Net Income from above)

		Expense Description	Monthly Amount	Fixed or Variable Amount?
	*	Mortgage, rent payment, other housing expense		
	*	Child support		
	*	Groceries		
	*	Child care		

Foster Care and Residential Facility Licensing Division

555 S. Kansas Avenue, 2nd Floor, Topeka, KS 66603 |
 Fax: 785-296-5937

		Expense Description	Monthly Amount	Fixed or Variable Amount?	
		*Car payment(s)			
		Gasoline, auto maintenance			
		*Gas or propane			
		*Electricity			
		*Water, trash, sewer			
		*Cable or satellite			
		*Landline			
		*Cell phone(s)			
		*Internet			
		*Home insurance			
		*Medical insurance			
		*Auto insurance			
		*Life insurance			
		Clothing			
		Entertainment or recreation			
		*Student loans			
		*Credit cards (List names and amounts for each)			
		Donations to churches, other organizations			
		Subscriptions			
		Other monthly expenses			
			TOTAL MONTHLY EXPENSES		

Have you filed for bankruptcy in the past 10 years? _____ Yes _____ No

If "Yes", bankruptcy court case number: _____

Where was the bankruptcy action filed? _____

Do you have pending tax liens? _____ Yes _____ No

Are you subject to any type of settlement agreement(s) that obligates you to make payments now or in the future?
_____ Yes _____ No

Total Monthly Income/Resources \$ _____

Total Monthly Expenses: \$ _____

Difference (positive or negative amount) \$ _____

Number of adults in the home: _____

Number of children in the home: _____
(For renewals, please indicate how many children in the home are foster children.)

Please retain this form and give it to the DCF surveyor at the time of your initial inspection **OR** to your sponsoring agency licensing worker at the time of renewal.

*Please provide documentation for these items, i.e. paystubs, bank statements, receipts, cancelled checks, copies of money orders, bills, etc.

Foster Parent signature Date

Foster Parent signature Date

DCF Surveyor OR CPA Licensing Worker Date