

FOSTER HOME INITIAL LICENSING APPLICATION CHECKLIST



An Initial application packet is needed for the following situations: a new foster parent, a move, or a change ownership (adding or removing a foster parent).



	Form Title	Description / Information
<input type="checkbox"/>	COVER LETTER	<ul style="list-style-type: none"> Include the sponsoring Child Placing Agency (CPA) name, contact information of the licensing worker (name, address, phone number, email address)
<input type="checkbox"/>	FCL 401	Family Foster Home Application. Signed and dated. <i>Include home phone and any previous license history.</i>
<input type="checkbox"/>	FCL 002	KBI/DCF Background check request <ul style="list-style-type: none"> Include all occupants of the home ages 10 and older, volunteers and employees. <i>Provide DOB, race, gender and address for all persons age 10 and up. Only list foster children 10+ if submitting a FFHEX app (daycare home with foster care exception)</i>
<input type="checkbox"/>	OUT-OF-STATE REGISTRY CHECKS	Applicable for any household member age 18 and older who resided outside of Kansas during the past 5 years. Registry results must be included with the application.
<input type="checkbox"/>	HOME ASSESSMENTS	Family and MAPP/DT assessments
<input type="checkbox"/>	FCL 653	Recommendation for use by CPA & Intent to Place. Signed and dated.
<input type="checkbox"/>	FLOOR PLAN	Self-created Floor Plans for all levels of the home must include: <ul style="list-style-type: none"> Linear measurements (e.g. 12'x11'6") of bedrooms and windows used for foster care. Distance from floor to window in bedrooms used for foster care. Wall, door and window locations for the entire home. If applicable, include basements not used as living space. Purpose of each room (e.g. living room, kitchen, bedroom, etc.). Who will be using each bedroom (e.g. foster parent, foster child, bio child, etc.). <i>Foster parent bedroom space cannot be counted as capacity space for foster children. An infant sleeping in the bedroom of a foster parent is considered a temporary arrangement and the infant will need allotted bedroom space prior to turning on year old.</i>
<input type="checkbox"/>	FCL 403	Family Foster Home Survey Instrument – First 3 pages only. <i>**Continue to complete the FULL SURVEY for moves, NRKINs and changes of ownership**</i> <i>When applicable, be sure Sections I and II are entirely completed. Adult children of the foster parent(s) should be listed as adults, not children on page 3.</i>
<input type="checkbox"/>	TRAINING CERTIFICATES	Include documentation of completion for the following: <ul style="list-style-type: none"> <i>PS-MAPP or DT</i> <i>First Aid Certification</i> <i>CPR Certification (if required)</i> <i>Medication Administration</i> <i>Universal Precautions</i>
<input type="checkbox"/>	SAFETY PLANS	Include any Safety Plans (e.g. outdoors, fireplace, etc.). Signed and dated.

WHEN SUBMITTING:

- Include the original completed application.
- Please submit the application in the same order as indicated on the checklist above.
- Do not include extra forms/documents
- A move or change of ownership indicates an Initial application packet is required. Do not include move or change of ownership information on a Renewal application.

For questions regarding the Application Packet or forms, please contact Barb Bryon or visit our website at: <http://www.dcf.ks.gov/Agency/GC/FCRFL/Pages/default.aspx>

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