

# 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"/>	<b>COVER LETTER</b>	<ul style="list-style-type: none"> <li>Include the sponsoring Child Placing Agency (CPA) name, contact information of the licensing worker (name, address, phone number, email address)</li> </ul>
<input type="checkbox"/>	<b>FCL 401</b>	Family Foster Home Application. Signed and dated. <i>Include home phone and any previous license history.</i>
<input type="checkbox"/>	<b>FCL 002</b>	KBI/DCF Background check request <ul style="list-style-type: none"> <li>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></li> </ul>
<input type="checkbox"/>	<b>FINGERPRINT BG RESULTS</b>	Background abstract results of fingerprint checks for potential foster parent licensee(s) must be included with new initial applications.
<input type="checkbox"/>	<b>OUT-OF-STATE REGISTRY CHECKS</b>	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"/>	<b>HOME ASSESSMENTS</b>	Family and MAPP/DT assessments
<input type="checkbox"/>	<b>FCL 653</b>	Recommendation for use by CPA & Intent to Place. Signed and dated.
<input type="checkbox"/>	<b>FLOOR PLAN</b>	Self-created Floor Plans for all levels of the home must include: <ul style="list-style-type: none"> <li>Linear measurements (e.g. 12'x11'6") of bedrooms and windows used for foster care.</li> <li>Distance from floor to window in bedrooms used for foster care.</li> <li>Wall, door and window locations for the entire home. If applicable, include basements not used as living space.</li> <li>Purpose of each room (e.g. living room, kitchen, bedroom, etc.).</li> <li>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 one year old.</i></li> </ul>
<input type="checkbox"/>	<b>FCL 403</b>	Family Foster Home Survey Instrument – First 3 pages only for new initial applications. <u><i>Continue to complete the full survey for moves, NRKINs, and changes of ownership.</i></u> <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"/>	<b>TRAINING CERTIFICATES</b>	Include documentation of completion for the following: <ul style="list-style-type: none"> <li><i>PS-MAPP or DT</i></li> <li><i>First Aid Certification</i></li> <li><i>CPR Certification (if required)</i></li> <li><i>Medication Administration</i></li> <li><i>Universal Precautions</i></li> </ul>
<input type="checkbox"/>	<b>SAFETY PLANS</b>	Include any Safety Plans (e.g. outdoors, fireplace, etc.). Signed and dated.

**WHEN SUBMITTING:**

<ul style="list-style-type: none"> <li>• Include 2 complete copies of the application packet when mailing to DCF (original and a copy)</li> <li>• Submit the application in the same order as indicated on the checklist above.</li> <li>• Do not include extra forms/documents</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
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For questions regarding the application packet or forms please visit our website: <a href="http://www.dcf.ks.gov/Agency/GC/FCRFL/Pages/default.aspx">http://www.dcf.ks.gov/Agency/GC/FCRFL/Pages/default.aspx</a> or contact:	Barbara Tryon 785.296.2591 <a href="mailto:Barbara.Tryon@ks.gov">Barbara.Tryon@ks.gov</a>
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