



## **FOSTER HOME RENEWAL APPLICATION CHECKLIST**

*Renewal application packet*

**Please submit the following DCF forms:**

**Renewal Application (Budget form is now included in the packet)**

**FCL 002 for any NEW residents or affiliates only OR Removing any individuals.**



**Kansas Department for Children and Families**  
**Foster Care Licensing & Background Checks Division**  
 500 SW Van Buren PO BOX 1424 Topeka, KS 66601  
 Email: [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov)  
 Website: <http://www.dcf.ks.gov>

### Family Foster Home Renewal Application

**Strong Families Make a Strong Kansas.** The service you offer to children and youth is important to the community and will have a lasting impact on the children/youth in your home. It is also important to their families. Kansas child care laws and regulations are designed to reduce the predictable risks of harm to children and youth. By completing and submitting this application you are: 1) requesting to renew a license to operate a family foster home and 2) affirming that you have read and agree to comply with all laws and regulations for family foster homes in Kansas

<b>Section I. Application Information. Complete all information requested, please print clearly.</b>	
License # _____	
<b>Applicant Legal Name:</b> Last Name                      First Name                      Middle	<b>Phone#</b>
	<b>Work#</b>
<b>Spouse/Co-Applicant Legal Name:</b> Last Name                      First Name                      Middle	<b>Phone#</b>
	<b>Work#</b>
<b>Physical Address of Home (Street Address):</b>	<b>City:</b>
<b>Zip:</b>	<b>County:</b>
<b>Mailing Address if different from Above</b>	
<b>City:</b>	<b>Zip:</b>
<b>Email:</b>	





# FOSTER FAMILY BUDGET

## APPLICANT #1

Name \_\_\_\_\_ \*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: \_\_\_\_\_

## APPLICANT #2

Name \_\_\_\_\_ \*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: \_\_\_\_\_



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.

**FAMILY FINANCES CAN BE COMPLICATED AND THIS IS A SUMMARY FORM ONLY. PLEASE FEEL FREE TO ATTACH A SHORT EXPLANATORY STATEMENT IF YOU FEEL IT WILL ASSIST IN UNDERSTANDING YOUR FINANCIAL SITUATION.**

**\*Please provide documentation for income of all types. Documentation will only be reviewed. It will not be taken from the foster parents nor maintained by the Division.**

_____		_____	
Foster Parent signature	Date	Foster Parent Signature	Date

_____		_____	
DCF Surveyor	Date	CPA Staff	Date

