FCL 002
Rev. 08/16

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care and Residential Facility Licensing Division
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Kansas Department for Children and Families
Strong Families Make a Strong Kansas

REQUEST FOR KBI/DCF CHILD ABUSE REGISTRY CHECK FOR RESIDENTIAL CARE FACILITIES, FFHs and CPAs

Directions: COMPLETE BOTH SIDES OF THIS FORM. All blank pages must be completed; however, social security number is optional. Incomplete forms will be returned. If a person does not have a Maiden or other name, write N/A. DO NOT include children or youth for whom you provide services. K.A.R. 28-4-125(c) requires the facility to keep a copy of the completed form on file.

Type of Facility: ☐ 24 Hour Residential Care Including Family Foster Care ☐ Child Placement Agency

Name of Facility exactly AS STATED ON THE LICENSE	**License #**	**Date (MM/DD/YYYY)**
Street Address of Facility	**City**	**Zip Code + 4**
First and Last Name of the Individual Completing This Form	**Phone #**	**E-mail address**

I. This request for background check is being completed to meet the requirements (CHECK ONLY ONE of the THREE OPTIONS BELOW):

☐ **Initial Application (New Facility, Move, or Change of Ownership)**
☐ **Renewal Application**
☐ **Adding a New person(s) living, working or volunteering in the facility. The information provided on this form is to include only the identifying information for new individual(s).**

II. Check YES or NO for each question below with regard to the persons listed on this form. If YES, complete the information in this section.

The information provided on this form is to include: <u>yourself</u>, all other persons <u>10 years of age and older</u> living in the facility and all persons working and/or volunteering in the facility; all substitutes and other caregivers and staff including relief and support staff.

YES	NO		Name of Person	Date	Court of Action State and County
		Had a misdemeanor or felony conviction of a crime against persons, a sexual offense or crimes affecting family relationships and children?			
		Had a felony conviction under the uniform controlled substances act?			
		Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant?			
		Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF?			
		Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?			
		Had parental rights terminated?			
		Signed a diversion agreement involving child abuse or a sexual offense?			
		Been found to be a disabled person in need of a guardian or conservator or both?			

Name of Facility exactly as stated on the license/certificate	License/Certificate #	Date Completed (MM/DD/YYYY)

K.A.R. 28-4-125(c) requires the facility to keep a copy of the completed form on file at the facility. Type or print plainly using black ink. Include **all** names each person used and/or uses.

(Names) Last	First	Middle	Maiden or Any Other Name Ever Used (Alias)	Social Security #	Date of Birth (MM/DD/YYYY)	Gender: Male or Female	Race	Address: Street, City, Zip Code and Home Phone #
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2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
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