



REQUEST FOR EXPEDITED NON-RELATIVE KINSHIP FAMILY FOSTER HOME APPLICATION

Please complete this form and submit it with the application packet to DCF. The form and packet must be received on or before the 14th calendar day following placement.

Name of Family Foster Home (as indicated on application) Address City Zip County

Child's Full Name _____
Date of Birth _____
Date Child Placed in this Home

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Date of Birth _____
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Date of Birth _____
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Description of Non-Relative Kinship Relationship:

I am requesting an expedited temporary permit for this family foster home. The child or child's family of origin has identified this family foster home applicant as a family with whom the child or the child's family already has a close emotional attachment. The applicant(s) have been informed that all pre-service training and other requirements must be successfully completed before a full license is issued.

Child Placing Agency Licensing Worker _____
Printed Name

Date Agency Phone # Email Address