

Kansas Department for Children and Families  
**Changes for Foster Care Child Care Benefits**

ES-1512FC  
 Rev. 05-19

This form provides a method of reporting the need to add a new child to Foster Care Child Care (FC-CC) cases, changes in hours, or changes in providers. Changes in your employment or school schedule need to have supporting documentation included with this form. Please send the completed and signed form to [DCF.FosterCareCC@ks.gov](mailto:DCF.FosterCareCC@ks.gov). If you need help or have questions, call (785) 368-8594.



**A. Case Information (to locate case)**

**Foster Parent Information**

\_\_\_\_\_

First Name Middle Name Last Name

\_\_\_\_\_

Social Security Number

**B. Who is the child in Foster Care added to your household?**

\_\_\_\_\_

First Name Middle Name Last Name

\_\_\_\_\_

Date of Birth Social Security Number Sex

Which Child Placing Agency or Case Management Provider is the child with? \_\_\_\_\_

Is the child transitioning to a new agency?  No  Yes If yes, which agency? \_\_\_\_\_

Date placement started: \_\_\_\_\_

Is the child a citizen of the United States?  No  Yes  Unknown  Pending

**Disability:** Is this child disabled?  No  Yes

**Ethnicity:** Is this child Hispanic or Latino?  No  Yes

**Race:** Check all that apply to this child. For reporting purposes, if you choose not to select a race and/or ethnic category, a choice will be made on your behalf.

- |   |  |                                     |   |  |
|---|--|-------------------------------------|---|--|
| <input type="checkbox"/> White                        | <input type="checkbox"/> American Indian<br>or Alaska Native | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian          | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Black or African<br>American | <input type="checkbox"/> Asian Indian                        | <input type="checkbox"/> Korean     | <input type="checkbox"/> Guamanian or<br>Chamorro | <input type="checkbox"/> Other Pacific<br>Islander |
| <input type="checkbox"/> Chinese                      | <input type="checkbox"/> Filipino                            | <input type="checkbox"/> Vietnamese |   |  |

## C. Tell Us About Your Child Care Needs

Foster parents' work/school schedule (use multiple lines if the schedule changes throughout the week).

**Parent 1** Work/school: \_\_\_\_\_ Work/school phone: \_\_\_\_\_

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN

**Parent 2** Work/school: \_\_\_\_\_ Work/school phone: \_\_\_\_\_

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN

**Child in Foster Care School Schedule** School: \_\_\_\_\_ School phone: \_\_\_\_\_

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN

Do you have enrollment fees to begin child care for your foster child?  No  Yes

If yes, what amount is being charged? \_\_\_\_\_

When do you need child care to start? \_\_\_\_\_

### Child Care Provider Information (use multiple lines for multiple providers)

Provider Name	Address	Provider Type	Circle Days of the Week this provider is used:
		KDHE licensed <input type="checkbox"/> Relative In Home <input type="checkbox"/> Relative Out of home <input type="checkbox"/> If relative, relationship to child: _____	MON TUE WED THU FRI SAT SUN
		KDHE licensed <input type="checkbox"/> Relative In Home <input type="checkbox"/> Relative Out of home <input type="checkbox"/> If relative, relationship to child: _____	MON TUE WED THU FRI SAT SUN
		KDHE licensed <input type="checkbox"/> Relative In Home <input type="checkbox"/> Relative Out of home <input type="checkbox"/> If relative, relationship to child: _____	MON TUE WED THU FRI SAT SUN

## Signature

\_\_\_\_\_  
Signature of Foster Parent (required)

\_\_\_\_\_  
Date

## Foster Care Case Management Provider or Child Placing Agency

My signature on this application certifies that the child(ren) in foster care for whom child care assistance is requested are in the custody of the Secretary of the Kansas Department for Children and Families (DCF). It also certifies that child care is needed due to the foster family's verified work or school schedule, and that the below stated agency has obtained and has on file the necessary verification to support the request for child care assistance. All documentation must be maintained and cannot be destroyed until after the child care assistance case has been closed for 36 months and must be made available to DCF in the event of an audit.

\_\_\_\_\_  
Foster Care Case Management Provider (CMP)/Child Placing Agency (CPA)

\_\_\_\_\_  
Printed Name of FC CMP/CPA Representative

\_\_\_\_\_  
Representative Contact Email

\_\_\_\_\_  
Signature of FC CMP/CPA Representative

\_\_\_\_\_  
Date

