

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**

**FOSTER CARE LICENSING DIVISION**  
 Mailing Address: PO BOX 1424 Topeka, KS 66601  
 Physical Address: 500 SW Van Buren Topeka, KS 66603  
 Website: <http://www.dcf.ks.gov>  
 Email: [DCF.FCL002@ks.gov](mailto:DCF.FCL002@ks.gov)



**AUTHORIZATION FOR BACKGROUND CHECK**

**Who Should use this form:** This form is to be completed for any person required to have background checks for DCF Foster Care Licensing purposes. **This form shall also be used to update any information as necessary, i.e. name or address change.** The subject of the background check must complete sections 3 and 4. Parent or guardian signature required if background check is for a minor under the age of 18.

In order to be processed, this authorization form must be completed accurately and in full. Signatures are required for processing. For fingerprints please use form FP-1020

When submitting, please ensure the following items are included:

- FCL 002:** Form is complete including all required signatures.
- OUT OF STATE CHILD ABUSE REGISTRY REQUESTS:** Please attach the results or the OSCAR request form when submitting this FCL002 Form. Out of State Child Abuse Registry Request forms can be found by visiting the Foster Care Licensing website or by clicking on the following link: <http://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf>
- FP 1020 AND WAIVERS:** Must be completed and submitted with fingerprints or emailed to [DCF.FPTOPEKA@KS.GOV](mailto:DCF.FPTOPEKA@KS.GOV)

<b>1</b>	<b>Select all that apply:</b>		<b>Placement Type /Agency:</b>	<b>Role/Affiliation: (Select one)</b>
	<b>A</b>	Foster Care/ Placement	<input type="checkbox"/> Family Foster Home: <input type="checkbox"/> Family Foster Home Relative Care <input type="checkbox"/> Family Foster Home Non-Related Kinship	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Resident <input type="checkbox"/> Substitute/Informal Caregiver
	<b>B</b>	Employment/ Provider	<input type="checkbox"/> Adoption or Foster or Child Placing Agency <input type="checkbox"/> Residential Center/Group Boarding Home <input type="checkbox"/> Detention/Secure Care Center <input type="checkbox"/> Staff Secure Facility <input type="checkbox"/> Attendant Care Facility	<input checked="" type="checkbox"/> Employment candidate <input type="checkbox"/> Director/Program Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Employment candidate no contact with children (CPA agency only)
	Have you been fingerprinted for DCF before? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have fingerprints been submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO      If Yes, Date Submitted: If No, Date Scheduled:				
Will this person be providing direct care or services to children in DCF Custody? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>1.1</b>	<b>TO BE COMPLETED ONLY WHEN REMOVING AN AFFILIATE</b>
	This section is required to be completed on all providers in Section 1. Sections 2 and 3 will need to be filled out. Section 4 is not required when removing an affiliate.
	Effective Date: Reason for removal:

<b>2</b>	<b>TO BE COMPLETED BY THE REQUESTING AGENCY</b>	
	Requesting Agency:	
	Facility/Agency/Family Foster Home name or license number to have person affiliated with:	
	If needing to be affiliated with multiple facilities, list all applicable license numbers:	
	Agency Contact Name:	
	Street Address:	
City:	State:	Zip:
Phone:	Email:	

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**AUTHORIZATON FOR BACKGROUND CHECK**



<b>Section 3 and 4 TO BE COMPLETED BY THE INDIVIDUAL: ALL SECTIONS ARE REQUIRED</b>						
<b>3</b>	Last Name		First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Maiden and/or Any Names Formerly Used (Last/First/Middle):				SSN:	Race:
	Current Street Address/Apt/Lot#				City:	State: Zip:
	Phone:			Email:		

<b>OUT OF STATE CHILD ABUSE REGISTRY CHECK</b>					
Have you lived out of the state of Kansas in the last 5 years?					
If yes, please refer to the check list on page 1 of this form and attach all required forms under the Child Abuse Registry Request Section (For each state lived in within the past 5 years.)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3.1 PLEASE LIST THE CITY STATE AND ZIP CODE OF EACH STATE RESIDED IN OUTSIDE OF KANSAS IN THE LAST 5 YEARS.</b>					
City		State	Zip Code	City State Zip Code	
City		State	Zip Code	City State Zip Code	

<b>4</b>	<b>Authorization/Certification</b> (Select yes or no on each question)		YES	NO		YES	NO
	Have you ever been indicated as a perpetrator in an abuse/neglect investigation involving a child or adult?				Have you ever had your parental rights terminated?		
	Have you been found to be a disabled person in need of a guardian or conservator or both?				Have you ever been convicted of a criminal offense?		
	I give permission for background history to be checked by DCF to determine eligibility for program participation or employment purposes. I understand the information released is for exclusive and confidential use of DCF or designee of the Secretary.						
	SIGNATURE: _____				DATE: _____		
PARENT/GUARDIAN Signature (if under 18): _____				DATE: _____			
<b>RESULTS, DCF USE ONLY:</b>							