

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**

**FOSTER CARE LICENSING DIVISION**  
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.**

Adding New Affiliate

Updating Affiliate Name

Updating Affiliate Role

Removing Affiliate

Updating Affiliate Address

Program Type: (Select one)		Placement Type /Agency: (Include Name of Agency)	Role/Affiliation: (Select one)
<b>1</b>	<b>A Foster Care/ Placement</b>	Family Foster Home Family Foster Home/ Relative Care Family Foster Home/Non-Relative Kinship	Foster Parent Resident Substitute/Informal Caregiver
	<b>B Employment/ Provider</b>	Adoption, Foster or Child Placing Agency Residential Center/Group Boarding Home/Secure Care Center Detention Staff Secure Facility Attendant Care Facility	Employment Candidate Director/Program Admin Volunteer Child Placement Agency Employee, No contact with children
<b>Have you been fingerprinted for DCF before?</b> <span style="margin-left: 100px;">YES</span> <span style="margin-left: 100px;">NO</span>			
<b>Have fingerprints been submitted?</b> <span style="margin-left: 100px;">YES</span> <span style="margin-left: 100px;">NO</span> <span style="margin-left: 100px;">If YES, Date Submitted:</span> <span style="margin-left: 100px;">If NO, Date Scheduled:</span>			
<b>Will this person provide <u>DIRECT CARE or Services</u> to children in DCF Custody?</b> <span style="margin-left: 100px;">YES</span> <span style="margin-left: 100px;">NO</span>			

<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:					
	<table border="1" style="width: 100%;"> <tr> <td>City:</td> <td>State:</td> <td>Zip:</td> </tr> <tr> <td>Phone:</td> <td colspan="2">Email:</td> </tr> </table>	City:	State:	Zip:	Phone:	Email:
City:	State:	Zip:				
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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>	First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Maiden and/or Any Names Formerly Used (First/Middle/Last):			SSN:	Race:	
	Current Street Address/Apt/Lot#			City:	State:	Zip:
	Phone:			Email:		

<b>OUT OF STATE CHILD ABUSE REGISTRY CHECK</b> <a href="https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf">https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf</a>						
Have you lived out of the state of Kansas in the last 5 years?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please use link above to request Out of State Registry check for each state you lived in the past 5 years and attach the completed request form(s) or results when submitting the FCL002.</i>						
<b>3.1</b>	<b>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>						