

# Adult Former Foster Child Requesting Case File Information

Note: This form is to be used by adults (18+) who were previously in the custody of the Secretary of the Kansas Department for Children and Families.

## I. Identifying Information

Current Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Name, if known: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

All Known Names and Aliases of Birth Mother, if known: \_\_\_\_\_

All Known Names and Aliases of Birth Father, if known: \_\_\_\_\_

## II. Information Requested:

- Social History
- Birth/Medical information completed by DCF/Child Welfare Case Management Provider (CWCMP)
- List Of Medical Providers Who Provided Treatment
- Case Plans
- Copy of Diploma, Transcript, G.E.D.
- Other Educational Records
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Photo ID or Driver's License
- Copy of Proof of Citizenship
- Pictures

**You must return: (1) this form completed, and (2) proper proof of identification Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.):**

**Kansas Department for Children and Families - Attention: Records Custodian, Office of General Counsel  
555 S. Kansas Avenue, 6th Floor  
Topeka, KS 66603.**

**Note: Incomplete requests will not be processed. Within 6 weeks, you should receive a copy of your record.**

I, \_\_\_\_\_(Name), declare under penalty of perjury and pursuant to KSA 53-601

that the foregoing is true and correct. Executed on \_\_\_\_\_(Date).

\_\_\_\_\_  
*Signature of Person Requesting Record*

\_\_\_\_\_  
*Date*