

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**

<b>Name:</b>		<b>Telephone:</b>	
<b>Date of Birth:</b>		<b>Birthplace:</b>	
<b>Email</b>			
<b>Street Address:</b>			
<b>City/State/Zip:</b>			
<b>All Known Names and Aliases of Birth Mother:</b>			
<b>All Known Names and Aliases of Birth Father:</b>			
<b>Name of Agency or person involved in your foster care case, if known:</b>			

**II. Information Requested:**

Social History	<input type="checkbox"/>
Birth/Medical information completed by DCF/Child Welfare Case Management Provider(CWCMP)	<input type="checkbox"/>
List of Medical Providers Who Provided Treatment	<input type="checkbox"/>
Case Plans	<input type="checkbox"/>
Copy of Diploma, Transcript, GED	<input type="checkbox"/>
Other Educational Records	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>
Copy of Social Security Card	<input type="checkbox"/>
Copy of Photo ID or Driver's License	<input type="checkbox"/>
Copy of Proof of Citizenship	<input type="checkbox"/>
Pictures	<input type="checkbox"/>

**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, 6<sup>th</sup> Floor  
Topeka, KS 66603.**

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

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

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

