

**Kansas Department for Children and Families**

Foster Care Licensing & Background Checks Division

500 SW Van Buren St. PO Box 1424

Topeka, KS 66601

Website: <http://www.dcf.ks.gov> Email: [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov)



**RELATIVE AND NON-RELATED KINSHIP FOSTER HOME  
LICENSING APPLICATION CHECKLIST**

**Submit the following documents:**

**FCL 661** Relative and Non-Related Kinship Family Foster Home Application. Signed and dated. Include home phone and any previous license history.

**FCL 660** Relative and Non-Related Kinship Waiver and Expedited Application

**FCL 002** KBI/DCF Background check request Include ALL occupants of the home ages 10 and older, volunteers and employees. Provide DOB, race, gender and address for all person's age 10 and older

**NOSF** (Notice of survey Findings)

**OUT-OF-STATE REGISTRY CHECKS** if applicable. OSCARS if Applicable for any household Member age 18 and older who resided outside of Kansas during the past 5 years. Registry results must be included with the application.

**FINGER PRINTS** – Must be completed and submit with application or prior to application for all Foster Parents and Residents age 18 years of age and older.

**Family Assessment due within 30 days of placement of the NKRIN, the application is due within 14 days of placement.**

**Floor Plan**



## **Crisis Support Helpline**

### **Kansas Department for Children and Families Family Mobile Crisis**

**A wealth of resources at your fingertips**

Services are available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care.

**Call, text, or chat with the helpline at**

**833-441-2240**

- In-person support via mobile crisis response, if requested and the crisis cannot be resolved over the phone.
- Over the phone support and problem solving to help resolve a child's behavioral health crisis
- Over the phone support with referral to community resources or a recommendation to engage in stabilization services

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66601 Website: <http://www.dcf.ks.gov>Email: [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov)**Relative and Non-related Kinship  
Family Foster Home Application for Licensure**

**Strong Families Make a Strong Kansas.** The service you offer to children and youth is important to the community and will have a lasting impact on the children/youth in your home. It is also important to their families. Kansas child care laws and regulations are designed to reduce the predictable risks of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a relative or non-related kinship family foster home and 2) affirming that you have read and agree to comply with applicable laws and regulations for relative and non-related kinship family foster homes in Kansas.

<b>SECTION I. INTENT OF THE APPLICANT COMPLETE BELOW</b>				
Specific Children Non-Related Kinship Specific Children Relative				
Care Match ID:				
This application is for a NRKIN/Relative family foster home that is currently licensed or approved, but we are:	Moving to a new location		Changing Ownership (Removing or adding someone to current license)	
Type of Licensure:	A Relative License		A Non-Related Kinship License	
Capacity & Age range requesting:	Number of children	_____	Age range	
I/we have or had a license or approval through KDHE or DCF	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
I/we have had a license or approval for a foster home in another state		No		Yes
If yes License # _____	Type of Care _____	What State: _____		
<b>SECTION II. APPLICANT INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE TYPE OR PRINT</b>				
<b>Applicant Legal Name</b>				
Last	First	Middle	Phone #	Work #
<b>Spouse/Co-Applicant Legal Name</b>				
Last	First	Middle	Phone#	Work #
Physical Address of Home (Street Address)	City	County	Zip Code	
Mailing Address of home (if different from above)	City	Zip	Email Address	

**HISTORY OF RESIDENCE (NEW APPLICANTS ONLY)**

Have any household members, 18 years or older, resided outside the state of Kansas in the past 5 years? If yes, please fill out the information below on each individual and where they previously lived.

Name	Physical Street Address	City	State	Zip Code	County

**SECTION III. RESIDENTS LIVING IN FOSTER HOME. Please list all residents regardless of age that live in the applicant’s home.**

Name (Last, First Middle)	DOB	AGE	Relationship to applicant

**SECTION IV. FAMILY PREFERENCES:** The CPA Licensing Worker is to complete a written family assessment of the foster home, including a complete walkthrough survey and recommendations on this form to be in compliance with K.A.R.30-47- 802(e). The applicant(s) are willing to consider specific children.

<b>IV. Recommendation for use:</b>		
<b>Number of Children</b>		
<b>Age Range</b>	<b>To</b>	
<b>Gender:</b>	<b>Male</b>	<b>Female</b>
<b>Specific Child(ren) Only</b>		

**SECTION VI. AGREEMENTS AND AUTHORIZED SIGNATURE(S) READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED**

<b>A. Fingerprints have been received and forwarded to DCF for Fingerprint-Based check</b>		<b>Yes</b>	<b>No</b>
<b>B. Child Abuse/Neglect Registry requests have been submitted to each state where the household members, 18 or older, have resided in the past 5 years</b>	<b>N/A</b>	<b>Yes</b>	<b>No</b>
<b>C. We certify that the following family preparation and assessment process and training has been completed</b>		<b>Yes</b>	<b>No</b>

Information which I/we have provided above is true to my/our best knowledge. I/We have selected this agency as my/our sponsoring agency for purposes of licensure, placement and supervision. I/We understand the Fingerprint-Based Check and Child Abuse/Neglect Registry results will assist in the determination for full licensure.

I/We, the undersigned am [are the persons] named as the applicant(s) listed in Section II.

I/We have read the laws and regulations governing the operation of this facility and it is the intention of this applicant to comply.

I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times. I/We affirm that my/our sponsoring child placing agency's policy on discipline will be followed.

I/We understand that a new application may take up to 90 days for processing by DCF once DCF receives a complete application.

In accordance with Kansas Statutes Annotated 44-1009, I/we shall not refuse service to any person for reason of race, religion, color, sex, physical handicap, national origin or ancestry.

I/We understand that placement requires receipt of license and compliance with licensing statutes and regulations.

I/We affirm that I/we will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.

I/We affirm that my/our sponsoring child placing agency's policy on prudent parenting will be followed.

I/We understand by signing this application that the Department for Children and Families Foster Care Licensing Division may request information pertaining to any previous childcare licensure information from any state in which the applicant/s have held a license.

I/We understand that by signing this application, I/we are providing consent for the releasing of information pertaining to any previous childcare licenses held in the applicants name and that this release is valid for the duration of licensure with the Licensing Division.

Applicant Signature

Date:

Spouse/Co-Applicant Signature

Date:

I, sponsoring agency licensing worker has completed a written family assessment, including a complete walkthrough survey, of this foster home. Copies of the narrative and the walkthrough survey report are on file at the child placing agency office. The Family preferences contained in this form are based on the written assessment, walkthrough survey and the preliminary screening and have been reviewed with the applicant(s). The fingerprints of the applicant(s) have been received and forwarded to KBI for the Fingerprint-Based Check and Child Abuse/Neglect Registry requests have been submitted to each state where the household member, 18 or older, have resided in the past 5 years.

The child placing agency has determined that, we will place specific children in this home and will provide services to support compliance with licensing statutes and regulations.

Name of Licensing Worker:

Sponsoring Agency:

Phone Number:

Email Address:

Signature of Licensing Worker:

Date submitted: