

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

AUTHORIZATON FOR BACKGROUND CHECK

This individual was in DCF custody as a foster child or is a child adopted from foster care and continues to reside in the home.

Section 3 and 4 TO BE COMPLETED BY THE INDIVIDUAL: ALL SECTIONS ARE REQUIRED						
3	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:		

3.1	OUT OF STATE CHILD ABUSE REGISTRY CHECK https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf					
	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>					
	PLEASE LIST THE CITY STATE AND ZIP CODE OF EACH STATE RESIDED IN OUTSIDE OF KANSAS IN THE LAST 5 YEARS.					
	City	State	Zip Code	City	State	Zip Code
	City	State	Zip Code	City	State	Zip Code

4	Authorization/Certification (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: _____			
RESULTS, DCF USE ONLY:						