Kansas
Department for Children and Families

FOSTER HOME LICENSING APPLICATION COVER PAGE

Submit the following DCF forms:

FCL 401

Family Foster Home Application. Signed and dated. Include home phone and any previous license history.

Completed FCL 002

*KBI/DCF Background check request for each licensee and resident of the home ages 10 and older; include the **fingerprint** completion date or scheduled date for licensees and residents 18 and older; include the **OSCAR** (out of state child abuse registry) checks if applicable for licensees and residents 18 and older*

NOSF (Notice of survey Findings)

Please Attach the following with your application:

Floor Plan Self-Created Floor Plans for all levels of the home must include:

Linear measurements (e.g. 12'x11'6'') of bedrooms and windows used for foster care.

Distance from floor to window in bedrooms used for foster care.
Wall, door and window locations for the entire home. If applicable, include basements not used as living space.

Purpose of each room (e.g. living room, kitchen, bedroom, etc.).
Who will be using each bedroom (e.g. foster parent, foster child, bio child, etc.). Foster parent bedroom space cannot be counted as capacity space for foster children. An infant sleeping in the bedroom of a foster parent is considered a temporary arrangement and the infant will need allotted bedroom space prior to turning 18 months old.

Family Assessment

Training Certificates for each licensee

Preparatory Program
First Aid
CPR Certification
Universal Precautions
Medication Administration

Kansas Department for Children and Families

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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

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 family foster home and 2) affirming that you have read and agree to comply with all laws and regulations for family foster homes in Kansas.

SECTION I. Intent of the applicant(s). Complete below.

☐ Initial Application *(General Care):*	☐ Initial Application Military Base *(resides on military base)*
Caremath ID	License Number

Home is currently licensed and is:

☐ Moving to a new location	☐ Changing Program Type (licensing as a Family Foster Home)	☐ Changing Ownership *(Removing/adding a licensee)*

Requested and CPA Recommended License Capacity

Capacity: *total number of children*

- ☐ **1**
- ☐ **2**
- ☐ **3**
- ☐ **4**

Age Range: *determined by regulatory compliance*

- ☐ **Infancy and Older**
- ☐ **Two years of age and older**
- ☐ **Six years of age and older**

I/we have or have had a license or approval through KDHE or DCF: ☐ No ☐ 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 _____

SECTION II. Applicant information. Complete all information. Please print or type.

Applicant Legal Name				
Last	First	Middle	Phone #	Work #
Co-Applicant Legal Name				
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	

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Employment History

The regulations require that a family foster home have stability in income or financial resource sufficient to meet the needs of the family without the support provided for individual children in foster care. One factor in determining that the family has such stability is to require information about employment history, including income, or other financial resource(s) and income at time of initial application. It is also necessary to document that the stability is maintained. Employment history is required for all applicants.

CURRENT JOB	**Applicant** #1	**Applicant #2**
Name		
Employer's Name		
Job Title		
Current **Annual** Salary		
Start date/end date		
Hours of employment		
Hours worked per week		

Add additional sheets if necessary. If unemployed, retired, or disabled, specify income source(s) and amount(s)._____$_____

Section III. Residents living in the home. Include applicants and all residents living in the home.

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

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren Topeka, Kansas 66603
Email: DCF.FCL@ks.gov

SECTION IV. FAMILY PREFRENCES: 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 children with the following conditions or behaviors and agree with the licensing worker's recommendation for use:

Category: Behavior Patterns	**Will Accept**	**Will Not Accept**	**Will Consider**
Aggressive/Hostile			
Bed wetting			
Cruelty to Animals			
Destructiveness			
Extreme Fearfulness			
Extreme Shyness			
Fire Setting			
Lying			
Masturbation			
Running Away			
Sexually Active			
Skipping School			
Smoking			
Stealing			
Swearing			
Temper Tantrums			
Category: Medical Care	**Will Accept**	**Will Not Accept**	**Will Consider**
Allergies/Asthma			
Developmentally Delayed			
Diabetes			
Encopresis			
Enuresis			
Epilepsy			
Hearing Impaired			
Heart Defect			
Infectious Diseases			
Medically Fragile			

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Non-Ambulatory			
Physical Disabilities			
Pregnant			
Sexually Transmitted Diseases			
Special Diet			
Tube Feedings			
Visually Impaired			
Category: Mental Health	**Will Accept**	**Will Not Accept**	**Will Consider**
ADHD			
Autism			
Eating Problem or Disorder			
Homicidal Thoughts/Threats			
Hyperactive			
Intellectual Disabilities			
Learning Disability			
Mental Disability			
Self-Mutilation			
Speech Impediment			
Substance Abuse/Use			
Suicidal Thoughts/Threats			
Category: Special Considerations	**Will Accept**	**Will Not Accept**	**Will Consider**
Criminal History			
Gang Involvement			
Human Trafficking Victim			
Minor Parent with Child			
Other (Specify)			
Service Animal			
Sexual Abuse Victim			
Sexual Orientation/Gender Identification			
Sexual Perpetrator			

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Category: Information about the household	Yes	No	Specifics
ADA accessible	☐	☐	
Cats	☐	☐	
Child Care Needed for foster children	☐	☐	
Dogs	☐	☐	
Other Pets please specify	☐	☐	
Pets live in the home	☐	☐	
Smoker	☐	☐	
Stay at home parent	☐	☐	

Category: Special Skills of Applicants

Comments on any above categories:

Section 4 Recommendation for use: Preferred Capacity

Number of Children:

Age Range: to

Gender: ☐ Female ☐ Male

Type of placements check all that apply:

☐ Child in need of care	☐ Emergency care	☐ ICPC
☐ Juvenile offender	☐ Maternity care	☐ Minor parent with child
☐ Pre-Adoption	☐ Private placement	☐ Respite care
☐ Sibling group	☐ Specific Children Only	☐ Therapeutic

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SECTION V. Training. Include copies of training certificates.

K.A.R. 30-47-806 requires foster parents to provide evidence of child care experience and knowledge of child care methods which will enable any child to develop his or her potential.

APPLICANT NAME:_____ has completed the required training: *Preparatory Class, First Aid, CPR, Medication Administration and Universal Precautions*. The training certificates are attached.

APPLICANT NAME: _____ has completed the required training: *Preparatory Class, First Aid, CPR, Medication Administration and Universal Precautions*. The training certificates are attached.

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

Call, text, or chat with the helpline at

833-441-2240

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SECTION VI. Agreements and authorized signature(s). Read each statement and sign the application.

A. The references listed have been checked and are on file with the CPA		☐ **Yes**	☐ **No**
B. Reported income sources/amounts have been verified and documented		☐ **Yes**	☐ **No**
C. Fingerprints have been received and forwarded to DCF for Fingerprint-Based check		☐ **Yes**	☐ **No**
D. 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	☐ **N/A**	☐ **Yes**	☐ **No**
E. We certify that the following family preparation and assessment process and training has been completed		☐ **Yes**	☐ **No**
F. Do you follow the medical standard of care for recommended childhood immunizations? If no, do you claim a statutory exemption? If so, please explain below.		☐ **Yes**	☐ **No**

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.

I/We understand that I/we are not authorized to provide services related to family foster care prior to receiving a Temporary Permit or License from DCF.

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 prior 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 residents or guests will not smoke in the family foster home, in any vehicle used to transport the child, or in the presence of the child in foster care.

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

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. I have reviewed the Mobile Crisis Helpline Resource with the applicant(s).

The child placing agency has determined that, after receiving a license to provide family foster care, we will place children in this home and will provide services to support compliance with licensing statutes and regulations.

Child Placing Agency Worker Date

Phone Email