FCL 402
Rev. 09/26

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: http://www.dcf.ks.gov
Email: DCF.FCL@ks.gov

Family Foster Home Renewal Application Cover Page

Submit the Following Documents with the Application:

NOSF

Annual Family Assessment

Updated Floor Plan *(if applicable= changes were made to the residence; additions to the home, remodels, bedroom space)*

Child Placement Agency
Name of Agency:
Name of CPA Worker:
CPA Worker Email:
CPA Worker Phone:

Renewal Packet For License Number:
Providers Name(s):

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

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

Sponsoring Child Placing Agency Signature Date

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Family Foster Home Renewal Application

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 to renew 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. Application Information. Complete all information requested, please print clearly.	
License Number: **Email:**	
Applicant Legal Name:	**Phone#**
Co-Applicant Legal Name:	**Phone#**
Physical Address of Home (Street Address):	
City:	**Zip**
Mailing Address if different from Above	
City:	**Zip:**

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EMPLOYMENT HISTORY

Regulation require that an applicant/licensee provide basic income and expense information to the secretary for review at the time of initial application and annual license renewal to ensure they can meet their basic needs; and provide documentation of financial information for review as deemed necessary.

Section II.	**Applicant**		**Co-Applicant**	
Name of applicant				
Employer's Name				
Current **Annual** Salary				
Start date/end date				
Hours of employment				
Hours worked per week				

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

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

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Section IV. Foster Family Budget:

FAMILY FINANCES CAN BE COMPLICATED AND THIS IS A SUMMARY FORM ONLY. PLEASE FEEL FREE TO ATTACH A SHORT EXPLANATORY STATEMENT IF YOU FEEL IT WILL ASSIST IN UNDERSTANDING YOUR FINANCIAL SITUATION.

Applicant:

Name:	
Gross Monthly Income:	Net Income:
Other Sources of Income/Resources:	
Source:	Monthly Net Income:
Source:	Monthly Net Income:
Source:	Monthly Net Income:
Total Monthly Net Income:	

Co-Applicant:

Name:	
Gross Monthly Income:	Net Income:
Other Sources of Income/Resources:	
Source:	Monthly Net Income:
Source:	Monthly Net Income:
Source:	Monthly Net Income:
Total Monthly Net Income:	

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EXPENSES

Expenses:	Monthly Amount
House Payment or Rent	
Medical	
Groceries	
Child Care	
Car Payments	
Credit Care Payments	
Utilities (gas, electric, water, phone, trash, etc)	
Clothing	
Entertainment	
Other	
Total Monthly Expenses	

Totals

Total Monthly Income/Resources	$
Total Monthly Expenses	$
Income Minus Expenses Total:	$
Number of Adult Residents:	
Number of Biological/Adoptive Children:	
Number of Foster Children:	

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

- I/We, the undersigned am [are the persons] named as the applicant(s) listed in Section I. Information which I/we have provided is true to my/our best knowledge.
- 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 always maintaining compliance with all applicable child care licensing laws and regulations.
- 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 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 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 fingerprint-based checks have been conducted on all residents aged 18 and older.
- I/We have selected this agency as my/our sponsoring agency for purposes of licensure, placement and supervision.
- I/We affirm that my/our sponsoring child placing agency's policy on discipline will be followed.
- I/We affirm that my/our sponsoring child pacing agency's policy on prudent parenting will be followed.

Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**