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

REQUEST FOR TRANSFER OF SPONSORING AGENCY

Directions: Complete the following and return to DCF.FCL@ks.gov. The signatures of each Foster Parent and the receiving Child Placement Agency worker are required. A Family assessment and Notice of Survey Findings are required with this application.

Section 1. Family Foster Home		
Name on License:		License Number:
Address:		
City:	Zip Code:	Email:

Section 2. Sponsoring Child Placement Agency
My/Our current Sponsoring Agency is:
I/We want to transfer to: **Name of New CPA:**

Signature of Licensee Date

Signature of Licensee Date

Signature of CPA Worker Date

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Section 3. Family Preferences and Intent to Place			
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 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