FCL 661
09/26

Kansas Department for Children and Families
Foster Care Licensing & Background Checks Division
500 SW Van Buren St. Topeka, KS 66601
Website: http://www.dcf.ks.gov Email: DCF.FCL@ks.gov

RELATIVE AND NON-RELATED KINSHIP FOSTER HOME LICENSING APPLICATION COVER SHEET

Submit the following documents:

- **FCL 660** Relative and Non-Related Kinship Waiver and Expedited Application
- **FCL 661** Relative and Non-Related Kinship Family Foster Home Application. *Signed and dated. Include home phone and any previous license history.*
- **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)
- **Family Assessment** *due within 30 days of placement of the NKRIN, the application is due within 14 days of placement.*
- **Floor Plan**
- **Training Certificates for each licensee**
  - *First Aid*
  - *Medication Administration*

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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.

SECTION I. INTENT OF THE APPLICANT COMPLETE BELOW

Application for:	☐ A Relative License	☐ Non-related Kinship	
Home is currently licensed and is:	☐ Moving to a new location		
Carematch ID:	☐ Changing Ownership (Removing or adding someone to current license)		

Requested and CPA Recommended License Capacity

Capacity: ***total # of children***

☐ 1
☐ 2
☐ 3
☐ 4

Age Range: ***determined by regulatory compliance***

☐ Specific Children infancy and older
☐ Specific Children Two years of age and older
☐ Specific Children Six years of age and older

I/we have or 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

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

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

Name (Last, First Middle)	**DOB**	**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 to be in compliance with K.A.R.30-47-802(e). The applicant(s) are willing to consider children with whom they have a prior relationship.

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 or will complete the required training: First Aid, Medication Administration. A preparatory class will be completed within one year of the license being issued.

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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**

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

A. Fingerprints have been received and forwarded to DCF for Fingerprint-Based check		☐ Yes	☐ No
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	☐ N/A	☐ 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/will complete a written family assessment, including a complete walkthrough survey, of this foster home. Copies of the narrative and the walkthrough survey report will be on file at the child placing agency office. 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.

CPA Worker Signature Date:

Email: Phone Number: