

Relative and Non-Related Kinship Foster Home Renewal Application Cover Sheet

Submit the Following Documents with the Application:

- NOSF
- Family Assessment
- Preparatory Training Certificate (if applicable)
- Updated floor plan (if applicable)

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

Date

Website: <http://www.dcf.ks.gov>

Email: DCF.FCL@ks.gov

Relative and Non-Related Kinship 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 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 family foster homes in Kansas.

Section I. Application Information. Complete all information requested, please print clearly.	
License Number:	
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:
Email:	

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

Section II. Residents Living in Foster Home. Include Foster Parents and all residents that live in the home. Include all children currently placed in the home.

Name (Last, First Middle)	DOB	Relationship to applicant

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES



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

- 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 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 placing agency's policy on prudent parenting will be followed.

Applicant Signature:

Date:

Co-Applicant Signature:

Date: