FCL 002
Rev. 09/26

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
500 SW Van Buren Topeka, Kansas 66603
Website: http://www.dcf.ks.gov

AUTHORIZATION FOR BACKGROUND CHECK

Complete this form for all individuals who are required by regulation to have a background check for DCF Foster Care Licensing purposes. This form is used to add or remove individuals as an affiliate to a licensed provider and update information for an individual. Signature of the individual or the parent/guardian for minors is required.

Submit the completed form to DCF.FCL002@ks.gov

Section 1. Purpose of FCL 002 (select the appropriate box)

☐ **Adding Individual**	☐ **Updating Individual**	☐ **Updating Role**
☐ **Removing Individual** **Date Removed:**		
Reason Removed (select one): ○ Not a resident ○ Not providing care ○ Prohibited ○ Resigned ○ Terminated		
Will this individual provide DIRECT CARE or Services to children?	○ Yes	○ No

Section 2. Fingerprint Information: answer each question below

Has this individual been fingerprinted for DCF?	○ Yes		◉ No
Have fingerprints been submitted?	○ Yes	Date:	◉ No
Have fingerprints been scheduled?	○ Yes	Date:	◉ No

Section 3. Provider Affiliation.

Include all name(s) and license number(s) for all providers to which the individual will be affiliated. Complete either A or B.

Subsection A.

Family Foster Home Program Type	☐ Family Foster Home	☐ Relative/NRKIN		
Family Foster Home Name and License Number				
Role (select one)	☐ Foster Parent	☐ Adult Resident	☐ Child Resident	☐ Substitute Caregiver

Subsection B.

Facility/Agency Program Type *(select one)*	☐ Attendant Care Center	☐ Detention Secure	☐ Group Boarding/Residential Center
	☐ Juvenile Stabilization Center	☐ Care Center	☐ Secure Residential Treatment Facility
	☐ Staff Secure Facility		☐ Adoption, Child or Foster Placing Agency
Facility Name(s) and License Number(s)			
Role (select one)	☐ Director or administrator	☐ Employee	☐ CPA Employee ☐ Volunteer

Section 4. Requesting Agency Receiving Results:

Requesting Agency:		Phone Number:	
Authorized Representative:		Email:	

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Section 5. Individual Information: answer each question below

☐ ***This individual was in DCF custody as a foster child or is a child adopted from foster care and continues to reside in the home***

First Name	Middle Name	Last Name	DOB (MMDDYYYY)	☐ Male ☐ Female

Maiden or other names used (First/Middle/Last)	SSN	Race

Street Address	City	State	Zip

Email:	Phone:

OUT OF STATE CHILD ABUSE REGISTRY CHECK
https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf

Questions? Contact
DCF.OSCARS@ks.gov

Have you lived out of the state of Kansas in the last 5 years?

If yes, please use link above to request Out of State Registry check for each state you lived in the past 5 years and attach the completed request form(s) or results when submitting the FCL002.

◯ Yes ◯ No

PLEASE LIST THE CITY STATE AND ZIP CODE OF EACH STATE RESIDED IN OUTSIDE OF KANSAS IN THE LAST 5 YEARS.

City	State	Zip Code	City	State	Zip Code
City	State	Zip Code	City	State	Zip Code

Authorization/Certification (Select yes or no on each question)	YES	NO		YES	NO
Have you ever been indicated as a perpetrator in an abuse/ neglect investigation involving a child or adult?	☐	☐	Have you ever had your parental rights terminated?	☐	☐
Have you been found to be a disabled person in need of a guardian or conservator or both?	☐	☐	Have you ever been convicted of a criminal offense?	☐	☐

I give permission for background history to be checked by DCF to determine eligibility for program participation or employment purposes. I understand the information released is for exclusive and confidential use of DCF or designee of the Secretary.

SIGNATURE: **DATE**:

PARENT/GUARDIAN Signature (if under 18): **DATE**:

RESULTS, DCF USE ONLY: