

# KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

## FOSTER CARE LICENSING DIVISION

Mailing Address: PO BOX 1424 Topeka, KS 66601  
Physical Address: 500 SW Van Buren Topeka, KS 66603  
Website: <http://www.dcf.ks.gov>  
Email: [DCF.FCL002@ks.gov](mailto:DCF.FCL002@ks.gov)



### AUTHORIZATION FOR BACKGROUND CHECK

**Who Should use this form:** This form is to be completed for any person required to have background checks for DCF Foster Care Licensing purposes. **This form shall also be used to update any information as necessary, i.e., name or address change.** The subject of the background check must complete sections 3 and 4. Parent or guardian signature required if background check is for a minor under the age of 18.

**In order to be processed, this authorization form must be completed accurately and in full. Signatures are required for processing.**

Adding New Affiliate

Updating Affiliate Name

Updating Affiliate Role

Removing Affiliate

Updating Affiliate Address

1	Program Type: (Select one)		Placement Type /Agency: (Include Name of Agency)	Role/Affiliation: (Select one)
	A	Foster Care/ Placement	Family Foster Home  Family Foster Home/ Relative Care Family Foster Home/Non- Relative Kinship	Foster Parent  Resident  Substitute/Informal Caregiver
	B	Employment/ Provider	Adoption, Foster or Child Placing Agency  Residential Center/Group Boarding Home/ Secure Care Center  Detention  Staff Secure Facility  Attendant Care Facility	Employment Candidate Director/Program Admin  Volunteer  Child Placement Agency Employee, No contact with children
	Have you been fingerprinted for DCF before?      YES      NO Have fingerprints been submitted?      YES      NO      If YES, Date Submitted: If NO, Date Scheduled:			
Will this person provide <u>DIRECT CARE or Services</u> to children in DCF Custody?      YES      NO				

1.1	<b>TO BE COMPLETED ONLY WHEN REMOVING AN AFFILIATE</b>		
	This section is required to be completed on all providers in Section 1. Sections 2 and 3 will need to be filled out. Section 4 is not required when removing an affiliate.		
	Effective Date:		
	Reason for removal:		

2	<b>TO BE COMPLETED BY THE REQUESTING AGENCY</b>		
	Requesting Agency:		
	Facility/Agency/Family Foster Home name or license number to have person affiliated with:		
	If needing to be affiliated with multiple facilities, list all applicable license numbers:		
	Agency Contact Name:		
	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	

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3	<b>Section 3 and 4 TO BE COMPLETED BY THE INDIVIDUAL: ALL SECTIONS ARE REQUIRED</b>					
	First Name      Middle Name      Last Name			Date of Birth (MM/DD/YYYY)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Maiden and/or Any Names Formerly Used (First/Middle/Last):			SSN:		Race:
	Current Street Address/Apt/Lot#			City:	State:	Zip:
	Phone:			Email:		

3.1	<b>OUT OF STATE CHILD ABUSE REGISTRY CHECK</b> <a href="https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf">https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf</a>					
	Have you lived out of the state of Kansas in the last 5 years?  <i>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.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>PLEASE LIST THE CITY STATE AND ZIP CODE OF EACH STATE RESIDED IN OUTSIDE OF KANSAS IN THE LAST 5 YEARS.</b>					
	City      State      Zip Code			City      State      Zip Code		
	City      State      Zip Code			City      State      Zip Code		

4	<b>Authorization/Certification</b> (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: _____		
	<b>RESULTS, DCF USE ONLY:</b>						