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I. FACILITY INFORMATION

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Foster Care Licensing and Background Checks Division PO BOX 1424 • Topeka, Kansas 66601-1424 500 SW Van Buren • 2nd Floor• Topeka, Kansas 66603



Fax (785) 296-8609 • Email: DCF.FCL002@ks.gov • Website: http://www.dcf.ks.gov

INDIVIDUAL BACKGROUND CHECK REQUEST FOR LICENSED FACILITIES

One form is required for each person 10 years of age and older living, working or volunteering in a facility/foster home; all caregivers, including relief and support staff, excluding children placed in foster care. Checks include DCF Adult and Child Abuse Registries, Sex Offender Registry, KBI Name-Based check. When applicable, federal FBI fingerprint checks require cards/ waivers be submitted in addition to this form. Regulations require a copy of the completed form for each affiliate be kept on site.

	Facility Name		License # (if applicable) License Type (if applicable)								
	Address		City	Zip			County				
	Contact Person	atact Person Agency			Email			Phone			
II	REQUEST FOR (check of	ne)	<u> </u>								
<u> </u>	Initial application		hange of o	wnership)	Annual Licer	ise Ren	ewal				
	Add affiliate (Affiliation/Role:) Remove affiliate (date effective:)
<u>III.</u>	PERSON INFORMATI	<u>ION</u>									
	FIRST, MIDDLE, LAST NAM	ле:									
	ALIASES (Other names used):										
	DATE OF BIRTH:	S	SSN:		RACE:			Gı	ENDER:	□м	□F
	CURRENT ADDRESS:			_							
		Street Address			City		State		Zip		
IV. BACKGOUND INFORMATION (To be answered by person being added as an affiliate. Check Yes or No for each quest											-
Г	Have you:									YES	NO
-	Had a misdemeanor or felony conviction of a crime against persons, a sexual offense or crimes affecting family relationships and children?										
	Had a felony conviction under the uniform controlled substances act?										
	Had parental rights terminated?										
	signed a diversion agreement involving child abuse or a sexual offense?										
	Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant?										
	Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF or any other state or governmental agency, egardless if such validation has been expunged?										
	Had a child declared in a court order to be deprived or in need of care based on allegations of physical abuse or neglect, emotional abuse or sexual abuse?										
	Been found to be a disabled person in need of a guardian or conservator or both?										
	Lived outside of the state of Kansas OR been arrested outside of the state of Kansas?										
L	If 'Yes' to any of the above, list date, city & state:										
I give permission for applicable background history to be checked by DCF to determine eligibility as an affiliate of a licensed facility. I understand the information released is for the exclusive and confidential use of DCF or designee of the Secretary.											
•	Signature of Applicant (If 18 YOA or older) - Parent/Guardian Signature (for minors under age 18)										
	RESULTS (DCF ONLY)										
	DCF APS REGISTRY	DCF CAN REGISTRY	SEX	X OFFENDER REGIST	TRY KBI NA	ME-BASE	D CHECK	FBI F	INGERPRI	NTS	
		Not applicable Not yet receiv									
		Received pend									