FOSTER HOME INITIAL LICENSING APPLICATION CHECKLIST

An Initial application packet is needed for the following situations: a new foster parent, a move, or a change ownership (adding or removing a foster parent).

✓	Form Title	Description / Information
☐	**COVER LETTER**	• Include the sponsoring Child Placing Agency (CPA) name, contact information of the licensing worker (name, address, phone number, email address)
☐	**FCL 401**	Family Foster Home Application. Signed and dated. *Include home phone and any previous license history.*
☐	**FCL 002**	KBI/DCF Background check request • Include all occupants of the home ages 10 and older, volunteers and employees. *Provide DOB, race, gender and address for all persons age 10 and up. Only list foster children 10+ if submitting a FFHEX app (daycare home with foster care exception)*
☐	**OUT-OF-STATE REGISTRY CHECKS**	Applicable for any household member age 18 and older who resided outside of Kansas during the past 5 years. Registry results must be included with the application.
☐	**HOME ASSESSMENTS**	Family and MAPP/DT assessments
☐	**FCL 653**	Recommendation for use by CPA & Intent to Place. Signed and dated.
☐	**FLOOR PLAN**	Self-created Floor Plans for all levels of the home must include: • Linear measurements (e.g. 12'x11'6'') of bedrooms and windows used for foster care. • Distance from floor to window in bedrooms used for foster care. • Wall, door and window locations for the entire home. If applicable, include basements not used as living space. • Purpose of each room (e.g. living room, kitchen, bedroom, etc.). • Who will be using each bedroom (e.g. foster parent, foster child, bio child, etc.). *Foster parent bedroom space cannot be counted as capacity space for foster children. An infant sleeping in the bedroom of a foster parent is considered a temporary arrangement and the infant will need allotted bedroom space prior to turning on year old.*
☐	**FCL 403**	Family Foster Home Survey Instrument – First 3 pages only. *When applicable, be sure Sections I and II are entirely completed. Adult children of the foster parent(s) should be listed as adults, not children on page 3.*
☐	**TRAINING CERTIFICATES**	Include documentation of completion for the following: • *PS-MAPP or DT* • *First Aid Certification* • *CPR Certification (if required)* • *Medication Administration* • *Universal Precautions*
☐	**SAFETY PLANS**	Include any Safety Plans (e.g. outdoors, fireplace, etc.). Signed and dated.

WHEN SUBMITTING:

- Include 2 complete copies of the application packet when mailing to DCF (original and a copy)
- Please submit the application in the same order as indicated on the checklist above.
- Do not include extra forms/documents
- A move or change of ownership indicates an Initial application packet is required. Do not include move or change of ownership information on a Renewal application.

For questions regarding the Application Packet or forms, please contact Administrative Specialists or visit our site: dcf.ks.gov/Agency/GC/FCRFL	Jean Martin 785.296.3987 Jean.Martin@ks.gov	Leticia Eastman 785.296.6075 Leticia.Eastman@ks.gov	Heather Stephen 785.368.7222 Heather.Stephen@ks.gov