

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



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

1.1	TO BE COMPLETED ONLY WHEN REMOVING AN AFFILIATE		
	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	TO BE COMPLETED BY THE REQUESTING AGENCY		
	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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Section 3 and 4 TO BE COMPLETED BY THE INDIVIDUAL: ALL SECTIONS ARE REQUIRED						
3	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	OUT OF STATE CHILD ABUSE REGISTRY CHECK https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf					
	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
	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		
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4	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?		<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had your parental rights terminated?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you been found to be a disabled person in need of a guardian or conservator or both?		<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
	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: _____			
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RESULTS, DCF USE ONLY:						
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