

FOSTER HOME LICENSING APPLICATION CHECKLIST

An Initial application packet for a foster care license

Please submit the following DCF forms

- ☐ **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 person's age 10 and up
- ☐ **NOSF** (Notice of survey Findings)

Please Attach the following with your application:

- ☐ **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
- ☐ **TRAINING CERTIFICATES** Include Certificates of completion for the following:
 - ☐ Foster home preparatory program certificate
 - ☐ First Aid Certification
 - ☐ CPR Certification
 - ☐ Medication Administration
 - ☐ Universal Precautions
- ☐ **OUT-OF-STATE REGISTRY CHECKS if applicable.** OSCARS if 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.
- ☐ **FINGER PRINTS** – Must be completed and submit with application or prior to application for all Foster Parents and Residents age 18 years of age and older.
- ☐ **Family Assessment**



Crisis Support Helpline

Kansas Department for Children and Families Family Mobile Crisis

A wealth of resources at your fingertips

Services are available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care.

Call, text, or chat with the helpline at

833-441-2240

- In-person support via mobile crisis response, if requested and the crisis cannot be resolved over the phone.
- Over the phone support and problem solving to help resolve a child's behavioral health crisis
- Over the phone support with referral to community resources or a recommendation to engage in stabilization services

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833-441-2240

Kansas Department for Children and Families

Foster Care Licensing & Background Checks Division
500 SW Van Buren St. PO Box 1424 Topeka, KS 66601

Website: <http://www.dcf.ks.gov>

Email: DCF.FCL@ks.gov

Family Foster Home Application for Licensure

Strong Families Make a Strong Kansas. The service you offer to children and youth is important to the community and will have a lasting impact on the children/youth in your home. It is also important to their families. Kansas child care laws and regulations are designed to reduce the predictable risks of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a family foster home and 2) affirming that you have read and agree to comply with all laws and regulations for family foster homes in Kansas.

SECTION I. INTENT OF THE APPLICANT COMPLETE BELOW				
<input type="checkbox"/> Initial Application (General Care)				
Care Match ID: _____				
This application is for a family foster home that is currently licensed or approved, but we are:	<input type="checkbox"/> Moving to a new location		<input type="checkbox"/> Changing Ownership (Removing or adding someone to current license)	
	<input type="checkbox"/> Changing Program Type (NRKIN, Relative Approval to General Care)			
Type of Licensure:	<input type="checkbox"/> A License	<input type="checkbox"/> An Approval for a Military Base	<input type="checkbox"/> An Approval for Indian Reservation	
Capacity & Age range requesting: _____ Number of children _____ Age range _____				
I/we have or have had a license or approval through KDHE or DCF:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
I/we have had a license or approval for a foster home in another state:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes License # _____		Type of Care: _____	What State: _____	
SECTION II. APPLICANT INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.				
Applicant Legal Name				
Last	First	Middle	Phone #	Work #
Spouse/Co-Applicant Legal Name				
Last	First	Middle	Phone#	Work #
Physical Address of Home (Street Address)	City	County	Zip Code	
Mailing Address of home (if different from above)	City	Zip	Email Address	
This home is connected to: <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer <input type="checkbox"/> Well Water <input type="checkbox"/> *Septic Tank/Lagoon				
*If not on public water/sewer, annual approval of water supply and sewage disposal is required.				

HISTORY OF RESIDENCE (NEW APPLICANTS ONLY)

Have any household members, 18 years or older, resided outside the state of Kansas in the past 5 years? If yes, please fill out the information below on each individual and where they previously lived.

Name	Physical Street Address	City	State	Zip Code	County

Employment History

The regulations require that a family foster home have stability in income or financial resource sufficient to meet the needs of the family without the support provided for individual children in foster care. One factor in determining that the family has such stability is to require information about employment history, including income, or other financial resource(s) and income at time of initial application. It is also necessary to document that the stability is maintained. Employment history is required for all applicants.

CURRENT JOB	Applicant #1		Applicant #2	
Name				
Employer's Name				
Job Title				
Current Annual Salary				
Start date/end date				
Hours of employment				
Hours worked per week				

Add additional sheets if necessary. If unemployed, retired, or disabled, specify income source(s) and amount(s). _____ \$ _____

SECTION III. RESIDENTS LIVING IN FOSTER HOME. Please list all residents regardless of age that live in the applicant's home.

Name (Last, First Middle)	DOB	AGE	Relationship to applicant

SECTION IV. FAMILY PREFERENCES: The CPA Licensing Worker is to complete a written family assessment of the foster home, including a complete walkthrough survey and recommendations on this form to be in compliance with K.A.R.30-47-802(e). The applicant(s) are willing to consider children with the following conditions or behaviors and agree with the licensing worker's recommendation for use:

I. Conditions Requiring Special Care	Yes	No	Conditional	II. Behavior Patterns	Yes	No	Conditional
Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colicky/Fussy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temper Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disability/Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme Shyness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Ambulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme Fearfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destructiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube Feedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Running Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggressive/Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skiping School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Impediment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encopresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating Problem or Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Orientation/Gender Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Thoughts/Threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homicidal Thoughts/Threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cruelty to Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggressive/Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)				Self-Mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Special Considerations	Yes	No	Conditional	IV. Information about the household	Yes	No
Gang Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking, but not in house or car	<input type="checkbox"/>	<input type="checkbox"/>
Minor Parent with Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animals	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	<input type="checkbox"/>
Human Trafficking Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cats	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Pets (Specify)		
Service Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other (Specify)						
V. Indicate any comments of the applicant(s) regarding the above issues						
VI. List special skills or experience the applicant(s) may have.						
VI. Recommendation for use:						
Number of Children _____						
Age Range _____ To _____						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
Type of Placements (check all that apply):						
<input type="checkbox"/> Pre-Adoption						
<input type="checkbox"/> Emergency/Temporary Care						
<input type="checkbox"/> Maternity Care						
<input type="checkbox"/> Therapeutic						
<input type="checkbox"/> ICPC						
<input type="checkbox"/> Juvenile Offender						
<input type="checkbox"/> Specific Child(ren) Only						
<input type="checkbox"/> Respite Care						
<input type="checkbox"/> Mother and Child						
<input type="checkbox"/> Sibling Group						
<input type="checkbox"/> Child in Need of Care						
<input type="checkbox"/> Private Placement						

SECTION V. TRAINING COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT. K.A.R.

30-47-806 requires foster parents to provide evidence of child care experience and knowledge of child care methods which will enable any child to develop his or her potential.

APPLICANT NAME: _____

- ☐ **Foster Home Preparatory Certificate (PSMAPP, DT, Etc.)**
- ☐ **First Aid**
- ☐ **CPR**
- ☐ **Medication Administration**
- ☐ **Universal Precautions**

APPLICANT NAME: _____

- ☐ **Foster Home Preparatory Certificate (PSMAPP, DT, Etc.)**
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- ☐ **Universal Precautions**

SECTION VI. AGREEMENTS AND AUTHORIZED SIGNATURE(S) READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED

A. The references listed have been checked and are on file with the CPA		<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Reported income sources/amounts have been verified and documented		<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Fingerprints have been received and forwarded to DCF for Fingerprint-Based check		<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Child Abuse/Neglect Registry requests have been submitted to each state where the household members, 18 or older, have resided in the past 5 years	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. We certify that the following family preparation and assessment process and training has been completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Do you follow the medical standard of care for recommended childhood immunizations? If no, do you claim a statutory exemption? If so, please explain below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information which I/we have provided above is true to my/our best knowledge. I/We have selected this agency as my/our sponsoring agency for purposes of licensure, placement and supervision. I/We understand the Fingerprint-Based Check and Child Abuse/Neglect Registry results will assist in the determination for full licensure.

I/We, the undersigned am [are the persons] named as the applicant(s) listed in Section II.

I/We have read the laws and regulations governing the operation of this facility and it is the intention of this applicant to comply.

I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

I/We affirm that my/our sponsoring child placing agency's policy on discipline will be followed.

I/We understand that a new application may take up to 90 days for processing by DCF once DCF receives a complete application.

I/We understand that I/we are not authorized to provide services related to family foster care prior to receiving a Temporary Permit or License from DCF.

In accordance with Kansas Statutes Annotated 44-1009, I/we shall not refuse service to any person for reason of race, religion, color, sex, physical handicap, national origin or ancestry.

I/We understand that placement requires prior receipt of license and compliance with licensing statutes and regulations.

I/We affirm that I/we will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.

I/We affirm that residents or guests will not smoke in the family foster home, in any vehicle used to transport the child, or in the presence of the child in foster care.

I/We affirm that my/our sponsoring child placing agency's policy on prudent parenting will be followed.

I/We understand by signing this application that the Department for Children and Families Foster Care Licensing Division may request information pertaining to any previous childcare licensure information from any state in which the applicant/s have held a license.

I/We understand that by signing this application, I/we are providing consent for the releasing of information pertaining to any previous childcare licenses held in the applicants name and that this release is valid for the duration of licensure with the Licensing Division.

Applicant Signature

Date

Spouse/Co-Applicant Signature

Date

I, sponsoring agency licensing worker has completed a written family assessment, including a complete walkthrough survey, of this foster home. Copies of the narrative and the walkthrough survey report are on file at the child placing agency office. The Family preferences contained in this form are based on the written assessment, walkthrough survey and the preliminary screening and have been reviewed with the applicant(s). The fingerprints of the applicant(s) have been received and forwarded to KBI for the Fingerprint-Based Check and Child Abuse/Neglect Registry requests have been submitted to each state where the household member, 18 or older, have resided in the past 5 years. I have reviewed the Mobile Crisis Helpline Resource with the applicant(s).

The child placing agency has determined that, after receipt of a license to provide family foster care, we will place children in this home and will provide services to support compliance with licensing statutes and regulations.

Signature of Child Placing Agency Licensing Worker

Date

Printed Name

Phone#

Email Address