FCL 002
rev. 07/26

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

FOSTER CARE LICENSING DIVISION

Physical Address: 500 SW Van Buren Topeka, KS 66603
Website: http://www.dcf.ks.gov
Email: DCF.FCL002@ks.gov

Kansas Department for Children and Families

AUTHORIZATON 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 DIRECT CARE or Services to children in DCF Custody? ☐ YES ☐ 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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☐ *This individual was in DCF custody as a foster child or is a child adopted from foster care and continues to reside in the home.*

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:** ☐ **Male** ☐ **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? *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.*	☐ **Yes**	☐ **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**

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?	☐	☐	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. Iunderstand 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**:_____

RESULTS, DCF USE ONLY: