

Family Foster Home Renewal Application Checklist

Submit the Following Documents with the Application:

FCL 002 for any **NEW** residents or affiliates only OR **Removing** any individuals.

NOSF

Annual Family Assessment

Updated Floor Plan *(if applicable changes made to the residence additions to the home, remodels, bedroom space)*

Attached is the Family Foster Home Renewal Application Submitted By:

Child Placement Agency	Sponsoring Child Placement Agency Worker
Name:	Name:
Address:	Email
City:	Phone:
Zip:	

Renewal Packet For	License Number
Name:	License Number:

I have reviewed the Mobile Crisis Helpline Resource with the applicant(s).

Sponsoring Child Placement Agency Signature

Date



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
PO Box 1424 Topeka, Kansas 66601-1424
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: <http://www.dcf.ks.gov>
Email: DCF.FCL@ks.gov



Family Foster Home Renewal Application

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 to renew 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. Application Information. Complete all information requested, please print clearly.	
License Number:	
Applicant Legal Name:	Phone# Work#
Spouse/Co-Applicant Legal Name:	Phone# Work#
Physical Address of Home (Street Address):	City:
Zip:	County:
Mailing Address if different from Above	
City:	Zip:
Email:	



Employment History:

The regulations require that a family foster home provide basic income and expense information to the secretary for review at the time of initial application and annual license renewal to ensure they can meet their basic needs; and provide documentation of financial information for review as deemed necessary. Employment history is required for all applicants.

Section II.	Applicant #1	Applicant #2
Name of applicant		
Employer's Name		
Job Title		
Current Annual Salary		
Start date/end date		
Hours of employment		
Hours worked per week		

Section III. RESIDENTS LIVING IN FOSTER HOME. Please list all residents regardless of age that live in the applicant's home. Include all children currently placed in the home.

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

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

- I/We, the undersigned am [are the persons] named as the applicant(s) listed in Section I. Information which I/we have provided is true to my/our best knowledge.
- 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.
- 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 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 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 fingerprint-based checks have been conducted on all residents age 18 and older.
- I/We have selected this agency as my/our sponsoring agency for purposes of licensure, placement and supervision.
- I/We affirm that my/our sponsoring child placing agency's policy on discipline will be followed.
- I/We affirm that my/our sponsoring child placing agency's policy on prudent parenting will be followed.

Foster Parent Signature

Foster Parent Signature

Date



Section V. Foster Family Budget

FAMILY FINANCES CAN BE COMPLICATED AND THIS IS A SUMMARY FORM ONLY. PLEASE FEEL FREE TO ATTACH A SHORT EXPLANATORY STATEMENT IF YOU FEEL IT WILL ASSIST IN UNDERSTANDING YOUR FINANCIAL SITUATION.

Please provide documentation for income of all types. **Documentation will only be reviewed. It will not be taken from the foster parents nor maintained by the Division.**

APPLICANT #1

Name:	Current Employment:
Gross Monthly Income:	Net Income:
Other Sources of Income/Resources:	
Source:	Monthly Net Income:
Source:	Monthly Net Income:
Source:	Monthly Net Income:
Total Monthly Net Income:	

APPLICANT # 2

Name:	Current Employment:
Gross Monthly Income:	Net Income:
Other Sources of Income/Resources:	
Source:	Monthly Net Income:
Source:	Monthly Net Income:
Source:	Monthly Net Income:
Total Monthly Net Income:	



EXPENSES

Expense	Monthly Amount	Fixed or Estimated Amount?
House Payment or Rent		
Medical		
Groceries		
Child Care		
Car Payments		
Credit Card Payments		
Utilities (gas, electricity, water, phone, trash, etc.)		
Clothing		
Entertainment		
Other:		
Total Monthly Expenses		

TOTALS

Total Monthly Income/Resources	\$
Total Monthly Expenses	\$
Income Minus Expenses Total:	\$
Number of Adult Residents:	
Number of Biological/Adoptive Children:	
Number of Foster Children:	