



Relative and Non-Related Kinship 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
- Preparatory Training Class
- 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



Relative and Non-Related Kinship 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 Relative or Non-related kinship family foster home and 2) affirming that you have read and agree to comply with applicable 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:	

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Section II. RESIDENTS LIVING IN FOSTER HOME. Please list all residents that live in the relative and non-related kinship 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 fostercare.
- I/We understand that placement requires 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 pacing agency's policy on prudent parenting will be followed.

Foster Parent Signature

Foster Parent Signature

Date

Date