FCL 002 rev. 09/23

Phone:

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



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								
	Pr	ogram Type: (Select one)	Placement Type /Agency: (Include Name of	of Agency) Role/Affiliation: (Select one)							
		Foster Care/ Placement	Family Foster Home	Foster Parent							
	A		Family Foster Home/ Relative Care Family Foster Home/Non-	Resident Substitute/Informal Caregiver							
	_		Relative Kinship								
1		Employment/ Provider	Adoption, Foster or Child Placing Agency	Employment Candidate							
	В		Residential Center/Group Boarding Home/ Secure Care Center	Director/Program Admin Volunteer							
			Detention								
			Child Placement Agency Employee, No contact with								
			Attendant Care Facility	children							
	Have you been fingerprinted for DCF before? YES NO										
	Hav	ve fingerprints been subn	Date Submitted:								
	Wil	l this person provide DIF	RECT CARE or Services to children in DCF Cu	Date Scheduled: ustody? YES NO							
				TES NO							
			WHEN REMOVING AN AFFILIATE								
		s section is required to be c uired when removing an aff	ompleted on all providers in Section 1. Sections 2	2 and 3 will need to be filled out. Section 4 is not							
1.1	Effective Date:										
	Rea	son for removal:									
	TO	RF COMPLETED RV T	HE REQUESTING ACENCY								
	TO BE COMPLETED BY THE REQUESTING AGENCY Requesting Agency:										
	Facility/Agency/Family Foster Home name or license number to have person affiliated with:										
2	If needing to be affiliated with multiple facilities, list all applicable license numbers:										
	Agency Contact Name:										
	Street Address:										
	Cit	v:	State:	Zin:							

Email:

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	Section 3 and 4 TO B	E COMPLETED	BY THE INDIVIDUAL: A	ALL SECTI	ONS AI	RE REQUIREI)							
3	First Name Last Name			Date	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:								
	OUT OF STATE CHILD ABUSE REGISTRY CHECK https://www.dcf.ks.gov/services/PPS/FCL/Documents/Nationwide%20CAN%20Links%20PDF.pdf													
3.1	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. PLEASE LIST THE CITY STATE AND ZIP CODE OF EACH STATE RESIDED IN OUTSIDE OF KANSAS IN THE LAST 5 YEARS.													
					IDEDI	N OUTSIDE O			31 3 1.	EARS.				
	City	Stata	7in Codo	Cita		State	7:	in Code						
	City	State	Zip Code	City		State	Zi	ip Code						
	City	State	Zip Code Zip Code	City		State		ip Code Cip Code						
	City	State	Zip Code	City	NO			Cip Code	YES	NO				
	City Authorization/Certi Have you ever been neglect investigation	State fication (Select yeindicated as a perpinvolving a child of	Zip Code s or no on each question) etrator in an abuse/ or adult?	City	I	State Have you ever hoarental rights te	ad your	Cip Code	YES	NO				
	City Authorization/Certi Have you ever been neglect investigation	State Ification (Select ye indicated as a perp involving a child of the beautiful to be a disabled p	Zip Code s or no on each question) etrator in an abuse/	City] []	State Have you ever h	ad your rminated? een convicted o	Cip Code	YES	NO				
4	Authorization/Certi Have you ever been neglect investigation Have you been found or conservator or bot I give permission for	State fication (Select ye indicated as a perp involving a child of to be a disabled ph?	Zip Code s or no on each question) etrator in an abuse/ or adult?	City YES N etermine elig	I I i gibility fo	Have you ever hoarental rights te	ad your erminated? een convicted oue?	ip Code	YES	NO				
4	Authorization/Certi Have you ever been neglect investigation Have you been found or conservator or bot I give permission for purposes. Iunderstand	State fication (Select ye indicated as a perp involving a child of to be a disabled ph? background history the information reference in the information referen	Zip Code s or no on each question) eterator in an abuse/ or adult? errson in need of a guardian y to be checked by DCF to do	YES N	I I i gibility fo	Have you ever hoarental rights te Have you ever ba criminal offensor program parti	ad your erminated? een convicted oue?	f loyment						
4	Authorization/Certi Have you ever been neglect investigation Have you been found or conservator or bot I give permission for purposes. Iunderstand SIGNATURE: PARENT/GUARDI	State fication (Select ye indicated as a perp involving a child of to be a disabled ph? background history the information results of the information resu	Zip Code s or no on each question) etrator in an abuse/ or adult? errson in need of a guardian y to be checked by DCF to de eleased is for exclusive and co	YES N	I I I gibility for	Have you ever hoarental rights te Have you ever ba criminal offensor program partics or designee of DA	ad your rminated? een convicted of the? cipation or employed the Secretary.	f loyment						
4	Authorization/Certi Have you ever been neglect investigation Have you been found or conservator or bot I give permission for purposes. Iunderstand	State fication (Select ye indicated as a perp involving a child of to be a disabled ph? background history the information results of the information resu	Zip Code s or no on each question) etrator in an abuse/ or adult? errson in need of a guardian y to be checked by DCF to de eleased is for exclusive and co	YES N	I I I gibility for	Have you ever hoarental rights te Have you ever ba criminal offensor program partics or designee of DA	ad your rminated? een convicted one? cipation or employ the Secretary. TE:	f loyment						