



LICENSED/APPROVED FAMILY FOSTER HOME APPLICATION

Good Beginnings last a lifetime. 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 risk 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/OPERATOR. COMPLETE ONE OF THE FOLLOWING THREE BOXES BELOW.

NEW APPLICATION

This application is for a new family foster home.
 This application is for a family foster home that is currently licensed or approved, but we are:
 moving to a new location changing ownership changing our program type [for example from an approved home to a licensed home]

This application is for :
 a license OR approval: age [16+]; relative; military base; Indian Reservation.

Number _____ and ages _____ of children for whom I/we wish to provide care.

I/we have a day care or other type of license, approval, or certificate from the Kansas Department of Health and Environment.
 No Yes (specify type of care and license number) _____

I/we have applied for registration or a license/approval before: No Yes Year _____
 Name and address if different from above:

Name	Street Address	City	State	Zip	County
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RENEWAL APPLICATION

This application is notification to renew my/our existing license for another year.

NOTIFICATION OF CLOSURE

This is a notification that I/we no longer intend to provide family foster home services. Please close my/our family foster home file effective _____ [MM/DD/YYYY].

SECTION II. APPLICANT INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Applicant's Last Name	First	Middle	Work Telephone # ()
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Spouse/Co-Applicant Last Name	First	Middle	Work Telephone # ()
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Physical Address of the Home: Street Address	City	Zip Code + 4
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County	Phone Number ()	Fax Number ()	Email Address
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Mailing Address of the Home: Street Address	City	Zip Code +4
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HISTORY OF RESIDENCE (INITIAL APPLICANTS ONLY).

Have any household members, 18 years or older, resided outside the state of Kansas in the past 5 years
 _____ Yes (complete section below) _____ No (mark "N/A" in section below)

Report any residences outside the state of Kansas for the past 5 years, for household members 18 years or older. If additional space is needed, use the back of the form or attach to the application.

Name	Physical Street Address	City	State	Zip Code	County

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. Therefore, this information is also required at time of move, program change or ownership change. **Renewal applicants please complete if there is change in current employment; if current employment is unchanged, please enter the phrase, "NO CHANGE".**

Employment History (past five years for each applicant):

CURRENT JOB	Household Member #1		Household Member #2	
Name				
Employer's Name				
Employer's Address				
Type of Business				
Job Title				
From/To (yy/mm)				
Current Salary				
Supervisor's Name				
Supervisor's Phone				

PAST WORK HISTORY	Household Member #1		Household Member #2	
Name				
Employer's Name				
Employer's Address				
Type of Business				
Job Title				
Last Salary				
From/To (yy/mm)				
Reason for Leaving				

Add additional sheets if necessary. If unemployed, retired, or disabled, specify income source(s) and amount(s). Renewal applicants please provide information of change in income or resource(s):

_____ \$ _____
 _____ \$ _____

SECTION III. REFERENCE INFORMATION. INITIAL APPLICANTS ONLY: PLEASE LIST THREE REFERENCES IN ADDITION TO EMPLOYERS AND LIMITED TO NO MORE THAN ONE RELATIVE. ADDITIONAL REFERENCES MAY BE REQUESTED.

Name	Street Address	City, State Zip Code	Telephone Number

SECTION IV. PHYSICAL PLANT. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

This home is connected to: Public Water Public Sewer Well Water* Septic Tank/Lagoon

*If not on public water/sewer, annual approval of water supply and sewage disposal is required.

SECTION V. ANNUAL TRAINING FOR RENEWAL APPLICATIONS AND NEW APPLICATIONS DUE TO A MOVE, PROGRAM CHANGE, OR OWNERSHIP CHANGE. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

K.A.R. 28-4-313(c) 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. K.A.R. 28-4-175(d) requires each foster parent to have six hours of training in specific topic areas each licensing year.

APPLICANT NAME _____

TRAINING TITLE	TOPIC AREA	PRESENTER	DATE OF TRAINING	HOURS

SPOUSE/CO-APPLICANT NAME _____

TRAINING TITLE	TOPIC AREA	PRESENTER	DATE OF TRAINING	HOURS

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

I/We, the undersigned am [are the person(s)] named as the Applicant or the authorized representative(s) of the owner listed above.

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 I/we have developed a written statement of philosophy, purpose, program orientation, and policy of operation including the agency's position on disciplinary methods to be used by staff. Corporal punishment is prohibited. The statement contains long and short term goals and is available to the designated representative of the Kansas Department of Health and Environment [KDHE], and to the public.

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

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 attest, under penalty of perjury, that to the best of my/our knowledge, that the information provided in this application is true and correct.

Applicant	Title:	Date (MM/DD/YYYY)
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Co-Applicant	Title:	Date (MM/DD/YYYY)
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SECTION VII. MAILING INSTRUCTIONS. SUBMIT THE DOCUMENTS LISTED IN ONE OF THE THREE BOXES BELOW, AS APPLICABLE. FOLLOW THE MAILING INSTRUCTIONS PROVIDED.

NEW APPLICATION

Submit the following documents.

1. Completed and signed application.
2. Request for KBI/SRS Background Check [You must keep a copy on file]
3. Submit Fingerprint-Based Check of Criminal History/Out of State Child Abuse/Neglect Registry results and complete CCL.411 form [You must keep a copy of the form and results on file]
4. CPA Recommendation for Use/intent to Place.
5. A complete floor plan of your home giving linear measurements for each room. Include fire escape routes and room layout of each floor. Identify how each room is used and specify who will use each bedroom. Designate all window and door locations. Provide measurements of each window in bedrooms or rooms which may be potential bedrooms. If the basement is used, show second exit which goes directly to the outside and provide the dimensions.
6. Attach directions to home if rural location or if home may be difficult to locate.
7. Copy of MAPP certificate for each foster parent. [Keep a copy in your files]

PROVIDE THE ABOVE INFORMATION TO YOUR SPONSORING CHILD PLACING AGENCY. IT IS RECOMMENDED THAT YOU KEEP A COPY OF ALL SUBMITTED MATERIALS. BE SURE TO KEEP ORIGINALS OF YOUR MAPP CERTIFICATE(S).

RENEWAL APPLICATION

Submit the following documents.

1. Completed and signed application.
2. Request for KBI/SRS Background Check [You must keep a copy on file]
3. CPA Continued Recommendation for Use.
4. Training Report for each foster parent [Remember to keep a copy of training certificates on file]

YOUR SPONSORING CHILD PLACING AGENCY WILL REVIEW AND SUBMIT THE COMPLETED DOCUMENTS WITH THE REPORT OF YOUR ANNUAL LICENSING REASSESSMENT. IT IS RECOMMENDED THAT YOU KEEP A COPY OF ALL SUBMITTED MATERIALS. BE SURE TO KEEP THE CERTIFICATES OF ATTENDANCE FOR YOUR TRAINING IN YOUR FILES. IF SOME OF YOUR TRAINING HOURS ARE FROM BOOK OR VIDEO REPORTS, KEEP A COPY OF THE APPROVED REPORTS IN YOUR FILE. [APPROVED REPORTS WILL BE SIGNED BY THE CPA LICENSING SOCIAL WORKER TO INDICATE ACCEPTANCE.]

NOTIFICATION OF CLOSURE

Submit the following documents.

1. Application form with SECTION I 'NOTIFICATION OF CLOSURE' box completed and signature(s) in SECTION VI.
2. License.
3. Completed FAMILY FOSTER HOME REQUEST TO CLOSE form [CCL.410].

Return these documents to the Kansas department of Health and Environment, Child Care Licensing and Registration, Curtis State Office Building, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274

NOTE: WITHOUT SPECIFIC INSTRUCTION FROM KDHE, DO NOT SEND IN THE FOLLOWING: Health Assessments; TB/Chest X-ray reports; Provider checklist; Documentation of Pet Immunizations; First Aid or CPR Certificates/Cards; Original or copies of Training Attendance Certificates.