

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care and Residential Facility Licensing Division**

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Strong Families Make a Strong Kansas

REQUEST FOR KBI/DCF BACKGROUND CHECKS FOR LICENSED FACILITIES

Directions: COMPLETE BOTH SIDES OF THIS FORM. All blank pages must be completed; however, social security number is optional. Incomplete forms will be returned. If a person does not have a Maiden or other name, write N/A. DO NOT include children or youth for whom you provide services. K.A.R. 28-4-125(c) requires the facility to keep a copy of the completed form on file.

Type of Facility: 24 Hour Residential Care Including Family Foster Care Child Placement Agency

Name of Facility exactly as stated on the license	License #	Date (MM/DD/YYYY)
Street Address of Facility	City	Zip Code + 4
First and Last Name of the Individual Completing This Form	Phone #	E-mail Address

I. This request for background check is being completed to meet the requirements (CHECK ONLY ONE of the THREE OPTIONS BELOW):

Initial Application (New Facility, Move, or Change of Ownership)

Renewal Application

Adding a New person(s) living, working or volunteering in the facility. The information provided on this form is to include only the identifying information for new individual(s).

Remove an individual

II. Check YES or NO for each question below with regard to the persons listed on this form. If YES, complete the information in this section.

The information provided on this form is to include: **yourself**, all other persons **10 years of age and older** living in the facility and all persons working and/or volunteering in the facility; all substitutes and other caregivers and staff including relief and support staff, **excluding children placed in foster care.**

YES	NO		Name of Person	Date	Court of Action State and County
		Had a misdemeanor or felony conviction of a crime against persons, a sexual offense or crimes affecting family relationships and children?			
		Had a felony conviction under the uniform controlled substances act?			
		Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant?			
		Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF or any other state or governmental agency, regardless if such validation has been expunged?			
		Had a child declared in a court order to be deprived or in need of care based on allegations of physical, neglect or emotional abuse or neglect or sexual abuse?			
		Had parental rights terminated?			
		Signed a diversion agreement involving child abuse or a sexual offense?			
		Been found to be a disabled person in need of a guardian or conservator or both?			

