



# Out of Home Relative Provider Application

Thank you for your interest in becoming a DCF child care provider for related families who may be eligible for DCF Child Care Assistance. As a relative, you are not regulated by the Kansas Department of Health and Environment (KDHE). DCF must take certain steps in order to ensure the health and safety of the children in your care who are funded through the Child Care Assistance Program. Parent participation is required to complete this application. A relative provider must have a checking account, savings account or pre-paid debit card to receive EBT payments from parents who receive DCF subsidies. Prior to completing the enrollment, read and make sure you understand the DCF Child Care Provider Handbook.

Please return completed application to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return by: \_\_\_\_\_

**Note: As an Out-of-Home Relative child care provider, you are enrolling to provide care (in your home only) for the children in one specific family. To provide care for any other children would require a separate enrollment. A relative provider must be related to all the children for whom care will be provided.**

## DCF OUT OF HOME RELATIVE CHILD CARE PROVIDER APPLICATION

### Section 1:

#### Provider Information

Name (first, middle, last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Alias: \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic/Latino? \_\_\_\_\_ Are you a high school graduate

or do you have a GED? \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Can this email address be used to make contact  Yes  No

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**Parent of children for whom you will be caring:**

Name of Child's Parent/Guardian: \_\_\_\_\_ Parent's SSN: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Provider Relationship to Children: \_\_\_\_\_ Date Care Began: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Children for whom you will be caring:**

In the last column, please explain how each child is related to YOU.

CHILD NAME	DATE CARE BEGAN	DAYS AND TIMES OF CARE	RELATIONSHIP TO CHILD

**Background Check:** Background checks are completed on all providers enrolling with DCF. DCF checks the name(s) of the out of home relative provider and all household members ten (10) years of age or older. Each name must be cleared before approval for payment begins. A provider is not eligible to be approved if their name or a household member’s name appears in the Child Abuse-Neglect Registry, the Adult Abuse, Neglect or Exploitation Registry or the Kansas Adult Supervised Population Electronic Repository (KASPER), or if anyone in the home or facility has felony convictions.

**List all persons in your household including yourself**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	ALIASES	SSN	DATE OF BIRTH	ROLE (RELATIONSHIP TO PROVIDER)

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	ALIASES	SSN	DATE OF BIRTH	ROLE (RELATIONSHIP TO PROVIDER)

Does anyone who lives, works or volunteers in your home/facility have felony convictions that have not been expunged?

YES     NO

If yes, provide name of person, date and court of action, county and state: \_\_\_\_\_

*Please go to the next page for statement review and signature*

**Read the following statements and check if you agree:**

\_\_\_\_\_ I/We declare, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this application is true and correct.

\_\_\_\_\_ I understand that the terms listed in the DCF provider handbook and child care provider agreement (including Section 9) are incorporated into my provider agreement with DCF and are legally binding. My signature on this application certifies that I have read and understand those terms and agree to them.

\_\_\_\_\_ I/We the undersigned are the person(s) named as the Applicant or the person(s) authorized to represent the owner listed above.

## DCF Provider Permission to Release Information and Signature

My signature on this application authorizes employers, health care providers, EBT Contractor, and other financial institutions, insurance providers, benefit providers and other persons or agencies with knowledge of my circumstances to release to Kansas Department for Children and Families (DCF) any information, including, banking information and confidential information, necessary to administer to any program for which I applied or am contracted with, including, but not limited to, my provider agreement with DCF.

I understand all information provided on this application and all information provided to DCF staff on my behalf is protected by state and federal confidentiality laws.

This release is valid from the date of signature set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

*I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any person to obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801 and amendments, which could be a felony offense punishment by imprisonment, fine or both, and the offender may also be subject to prosecution under other applicable state and federal law.*

*My signature on this application certifies that I have read and understand these terms and agree to them.*

\_\_\_\_\_  
*Print Provider Name*

\_\_\_\_\_  
*Provider Signature (Required)*

\_\_\_\_\_  
*Date (Required)*

Submit this completed form along with a signed Policy Statement on Discipline, a signed (by both parent and provider) Health and Safety Standards – Home Checklist and a completed Adult Abuse, Neglect, Exploitation Central Registry Release of Information form for each household member 18 years of age or older(forms are in the handbook and attached to this application).

**FOR AGENCY USE ONLY:**

Agreement Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

County Code: \_\_\_\_\_ Provider ID: \_\_\_\_\_

(DCF) Designee Printed Name: \_\_\_\_\_

(DCF) Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## POLICY STATEMENT ON DISCIPLINE DCF Child Care Providers

The following are some examples of **unacceptable** forms of discipline:

***Humiliating, frightening or physically harming*** a child;

***Punishing, such as spanking (with the hand or any object), slapping, shaking, swatting, pulling hair, dunking, yanking the arm,*** or anything similar;

***Making verbal remarks*** using sarcasm, put-downs, verbal cuts, derogatory remarks, any other verbal abuse, and threats about the child or the child's family;

***Binding or tying*** to restrict movement, or enclosing in a confined space, such as a closet, locked room, furniture, box or cubicle;

***Withholding or forcing*** foods or liquids; and/or

***Placing substances that sting or burn*** on any of a child's body parts.

It shall be the policy of the Kansas Department for Children and Families (DCF) not to purchase or continue to purchase services from providers who use unacceptable forms of discipline.

Discipline is an essential part of child rearing, and when used positively it contributes to the healthy growth and development of a child. Positive discipline establishes acceptable patterns of behavior that promote behaviors beneficial to the child's development and welfare. It changes or eliminates behaviors that are injurious to the child's well-being. Positive discipline is encouraged as an important part of child rearing for children and youth for whom the DCF purchases and/or provides services and care.

Positive discipline, when used for purposes of guiding and teaching the child, provides to the child encouragement, a sense of satisfaction, and it helps the child understand the consequences of behavior. Effective, positive discipline imposes behavioral limits on the child that can provide a sense of security, a respect for order and enable the child to predict and understand surroundings. Positive discipline effectively enlists the child's help rather than locking the child and adult into a power struggle or adversarial, punishing relationship. Positive discipline promotes the child's discovery of those values that will be of the greatest benefit to the child, both now and in the future.

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Provider's Signature

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Date

# HEALTH AND SAFETY STANDARDS - Home Checklist

**INSTRUCTIONS:** To be completed by the parent/guardian by conducting a walk-through inspection with the provider in the home where care will be given. The signatures below certify that a walk-through inspection has been conducted by both parties.

Parent's Name (Please Print): \_\_\_\_\_

Parent's Address (full address including city and state): \_\_\_\_\_

Address where care will be provided (full address including city and state): \_\_\_\_\_

Yes	No	N/A*	*(If N/A please explain below)
			Medications, household poisons, dangerous substances and instruments or tools are out of reach or locked up.
			Food is stored separately from cleaning supplies and other household products.
			Home is clean, uncluttered and safe.
			Any crib being used was purchased (new) on or after June 28, 2011.
			Exits are free from trash and other objects.
			Electrical outlets are covered with safety caps if children are under 5 years old.
			Guns on the property are in locked storage or have trigger locks installed.
			Toys and play equipment are clean and safe.
			A working telephone is on site during all hours that children are in care.
			Emergency telephone numbers are posted and easily accessible.
			Stairways are railed and guarded if children are under 2 ½ years old.
			Outside play areas are fenced and adult supervised, free from trash and other dangerous objects.
			Outside play equipment is anchored and in good repair.
			Emergency plans are developed and discussed in case of fire, tornadoes, storms, and floods.
			Emergency procedures are posted in case of an accident.
			Emergency Medical Release forms (Consent for Medical Care) for the children are signed and on file at the location of care
			Smoke alarms are installed and working properly
			A smoke free policy is in effect during hours of care. This includes the provider, other residents of the home and all visitors to the home.
			The DCF Policy Statement on Discipline has been discussed, is understood, and signed by the provider.

\*Any marked N/A requires explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I acknowledge that I am fully responsible if standards are not met or maintained.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Adult Abuse, Neglect, Exploitation Central Registry Release of Information for  
DCF Child Care Provider Enrollment

Please **PRINT ONLY**, except for the signature below.

I, \_\_\_\_\_, give permission for the release of information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry to: **DCF Child Care Provider Enrollment Unit.**

Maiden Name and/or Other Names Known By: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ SEX: M or F  
(mm/dd/yyyy)

I understand that all information released will be for the exclusive and confidential use of the DCF Child Care Provider Enrollment Unit. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, & Exploitation Central Registry each year while I am a DCF Child Care Provider. Name of Provider \_\_\_\_\_ Yes No (Circle Yes or No)

Applicant Signature:

\_\_\_\_\_ Date: \_\_\_\_\_  
Must be an Ink Signature

**Per KEESM 10035 #1:**

**DCF cannot enroll a person who is listed as a prohibited person in the Child Abuse/Neglect Central Registry or the Adult Abuse, Neglect, & Exploitation Central Registry and/or listed in [Kansas Adult Supervised Population Electronic Repository \(KASPER\)](#) as being convicted of a felony.**

DCF Administration Use Only: Date Substantiated: _____
Finding - Check all that apply: Abuse _____ Neglect _____ Exploitation _____ Fiduciary Abuse _____ Financial Exploitation _____