

Kansas Department for Children and Families

Changes for Foster Care Child Care Benefits

ES-1512FC
Rev. 05-21

This form provides a method to add or remove a child on Foster Care Child Care (FCCC) cases, change in contact information or address, changes in hours, or changes in providers. Changes in your employment or school schedule need to have supporting documentation included with this form. Please send the completed and signed form to DCF.FosterCareCC@ks.gov. If you need help or have questions, call (785) 368-8594.



A. Case Information

Is this change form for a change in contact information *only*? No Yes
If Yes, skip sections B and C, and complete the signature(s).

Foster Parent Information

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Social Security Number	Phone	Email
Street Address: _____	City: _____	County: _____
		Zip: _____
Mailing Address: _____	City: _____	County: _____
		Zip: _____

B. Who is the child in Foster Care being added to or removed from your household?

I am adding removing a child. If removing, *only the child's name* is required.

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Date of Birth	Social Security Number	Sex

Which Child Placing Agency or Case Management Provider is the child with? _____

Is the child transitioning to a new agency? No Yes If yes, which agency? _____

Date placement started: _____

Is the child a citizen of the United States? No Yes Unknown Pending

Disability: Is this child disabled? No Yes

Ethnicity: Is this child Hispanic or Latino? No Yes

Race: Check all that apply to this child. For reporting purposes, if you choose not to select a race and/or ethnic category, a choice will be made on your behalf.

- | | | | | |
|----------------------------------------------------|-----------------------------------------------------------|-------------------------------------|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | | |

C. Tell Us About Your Child Care Needs

I am making a change in schedule provider.

Foster parents' work/school schedule (use multiple lines if the schedule changes throughout the week).

Parent 1 Work/school: _____ Work/school phone: _____

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN

Parent 2 Work/school: _____ Work/school phone: _____

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN

Child in Foster Care School Schedule School: _____ School phone: _____

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN
		MON TUE WED THU FRI SAT SUN

Do you have enrollment fees to begin child care for your foster child? No Yes

If yes, what amount is being charged? _____

When do you need child care to start? _____

Child Care Provider Information (use multiple lines for multiple providers)

Child Care Provider Name	Address (include city, state)	Provider Type	Circle Days of the Week this provider is used:
		KDHE licensed <input type="checkbox"/> Relative In Home <input type="checkbox"/> Relative Out of home <input type="checkbox"/> If relative, relationship to child: _____	MON TUE WED THU FRI SAT SUN
			Children using this provider: _____
		KDHE licensed <input type="checkbox"/> Relative In Home <input type="checkbox"/> Relative Out of home <input type="checkbox"/> If relative, relationship to child: _____	MON TUE WED THU FRI SAT SUN
			Children using this provider: _____
		KDHE licensed <input type="checkbox"/> Relative In Home <input type="checkbox"/> Relative Out of home <input type="checkbox"/> If relative, relationship to child: _____	MON TUE WED THU FRI SAT SUN
			Children using this provider: _____

Signature

Signature of Foster Parent (required)

Date

Foster Care Case Management Provider or Child Placing Agency

My signature on this application certifies that the child(ren) in foster care for whom child care assistance is requested are being served by the Kansas Department for Children and Families (DCF), its representatives, and resides within the State of Kansas. It also certifies that child care is needed due to the foster family's verified work or school schedule for each child whom child care assistance is requested. All documentation must be maintained and cannot be destroyed until after the child care assistance case has been closed for 36 months and must be made available to DCF in the event of an audit.

Foster Care Case Management Provider (CMP)/Child Placing Agency (CPA)

Printed Name of FC CMP/CPA Representative

Representative Contact Email

Signature of FC CMP/CPA Representative

Date

