

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Child Care and Health Facilities
1000 SW Jackson*Suite 200
Topeka, Kansas 66612-1274
Phone (785) 296-1270 Fax (785) 296-7025
Website: www.kdheks.gov/kidsnet/



RECOMMENDATION FOR USE BY CPA & INTENT TO PLACE

(Complete at Initial Assessment and New Applications due to a move, program change or ownership change)

APPLICANT(S) NAME(S) _____

INSTRUCTIONS: The CPA Licensing Worker is to complete a written family assessment of the foster home, including a complete walkthrough survey and recommendations on this form to be in compliance with K.A.R. 28-4-802(d).

The applicant(s) are willing to consider children with the following conditions or behaviors and agree with the licensing worker's recommendation for use:

I. Conditions Requiring Special Care	Yes	No	Conditional	III. Special Considerations	Yes	No	Conditional
A. Developmental Disabilities				A. Gang Involvement			
B. Non-Ambulatory				B. Criminal History			
C. Orthopedic				C. Minor Parent With Child			
D. Visually Impaired				D. Sexual Predator			
E. Hearing Impaired				IV. Information about the household			
F. Mental Disability				Yes No			
G. Mental Illness				A. Non-smoking			
H. Learning Disability				B. Smoking, but not in the house or car			
I. Diabetes				C. No Animals			
J. Epilepsy				D. Dogs			
K. Allergies/Asthma				E. Cats			
L. Heart Defect				F. Other Pets (Specify)			
M. Sexually Transmitted Disease				V. Indicate any comments of the applicant(s) regarding the above issues.			
N. Pregnant				_____			
O. Alcohol/Drug Abuse				_____			
P. HIV/AIDS				_____			
Q. ADHD				_____			
R. Speech Impediment				VI. List special skills or experience the applicant(s) may have.			
S. Special Education				_____			
U. Tube Feedings				_____			
V. Other (Specify)				_____			
II. Behavior Patterns				VII. Recommendation for use:			
Yes No Conditional				A. Number of Children			
A. Colicky/Fussy				B. Age Range			
B. Temper Tantrums				_____ to _____			
C. Hyperactive				C. Sex			
D. Bed Wetting				_____ Male _____ Female			
E. Extreme Shyness				D. Type of Placements (check all that apply)			
F. Extreme Fearfulness				_____ Pre-adoption _____ Specific Child(ren) Only			
G. Lying				_____ Emergency/temporary Care _____ Respite Care			
H. Masturbation				_____ Maternity Care _____ Mother and Child			
I. Destructiveness				_____ Therapeutic _____ Sibling Group			
J. Swearing				_____ ICPC _____ Child in Need of Care			
K. Stealing				_____ Juvenile Offender _____ Private Placement			
L. Running Away							
M. Aggressive/Hostile							
N. Skipping School							
O. Smoking							
P. Sexually Active							
Q. Eating Problem or Disorder							
R. Homosexual Behavior							
S. Fire Setting							
T. Other (Specify)							

VIII. Affirmation and Attestations: _____

A. The references listed on the application have been checked and are on file with the CPA		___ Yes	___ No
B. Reported income sources/amounts have been verified and documented		___ Yes	___ No
C. Fingerprints have been received and forwarded to KBI for Fingerprint-Based check		___ Yes	___ No
D. Child Abuse/Neglect Registry requests have been submitted to each state where the household members, 18 or older, have resided in the past 5 years	___ Yes	___ No	___ N/A
E. We certify that the following family preparation and assessment process and training has been completed		___ Yes	___ No

APPLICANT NAME _____

TRAINING TITLE	PRESENTER OR AGENCY	DATE TRAINING COMPLETED	HOURS
PS-MAPP or PS-Deciding Together			
First Aid (3 hour course; face-to-face)			
Universal Precautions			
Medication Administration			
CPR (when applicable)			
Physical Restraint (when applicable)			

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Information which I/we have provided above is true to my/our best knowledge. I/We have selected this agency as my/our sponsoring agency for purposes of licensure, placement and supervision. I/We understand the Fingerprint-Based Check and Child Abuse/Neglect Registry results will assist in the determination for full licensure.

I/We understand that placement requires prior receipt of license and compliance with licensing statutes and regulations.

Applicant Signature Date

Spouse/Co-Applicant Signature Date

I completed a written family assessment, including a complete walkthrough survey, of this foster home on _____ (date). Copies of the narrative and the walkthrough survey report are on file at the child placing agency office. The Recommendations for Use contained in this form are based on the written assessment, walkthrough survey and the preliminary screening and have been reviewed with the applicant(s). The fingerprints of the applicant(s) have been received and forwarded to KBI for the Fingerprint-Based Check and Child Abuse/Neglect Registry requests have been submitted to each state where the household member, 18 or older, have resided in the past 5 years.

The child placing agency has determined that, after receipt of a license to provide family foster care, we will place children in this home and will provide services to support compliance with licensing statutes and regulations.

Signature of Child Placing Agency Licensing Worker Date

Printed Name Phone # Email Address