

**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/](http://www.kdheks.gov/kidsnet/)



**REQUEST FOR EXPEDITED NON-RELATIVE KINSHIP FAMILY FOSTER HOME APPLICATION**

**Please complete this form and submit it with the application packet to KDHE Central Office. The form and packet must be received on or before the 14<sup>th</sup> calendar day following placement.**

\_\_\_\_\_  
Name of Family Foster Home (as indicated on application)      Address      City      Zip      County

\_\_\_\_\_  
Child's Full Name      Date of Birth      Date Child Placed in this Home

\_\_\_\_\_  
Child's Full Name      Date of Birth      Date Child Placed in this Home

\_\_\_\_\_  
Child's Full Name      Date of Birth      Date Child Placed in this Home

\_\_\_\_\_  
Child's Full Name      Date of Birth      Date Child Placed in this Home

Description of Non-Relative Kinship Relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting an expedited temporary permit for this family foster home. The child or child's family of origin has identified this family foster home applicant as a family with whom the child or the child's family already has a close emotional attachment. The applicant(s) have been informed that all pre-service training and other requirements must be successfully completed before a full license is issued.

\_\_\_\_\_  
Child Placing Agency Licensing Worker

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone #

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