

Department of Children and Families  
**APPLICATION TO RENEW A LICENSE FOR FOSTER CARE**  
 DCF-425A  
 6/17 (Rev.)



<b>FASU USE ONLY</b>	Renewal Date:	Region: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Provider #:	LBC:
Type of License: <input type="checkbox"/> General Use <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Independent <input type="checkbox"/> Relative <input type="checkbox"/> Respite Caregiver				

FAMILY			
Parent 1		Parent 2	
Last Name:	First Name:	Last Name:	First Name:
DOB:	Home Phone:	DOB:	Home Phone:
Work Phone:	Cell Phone:	Work Phone:	Cell Phone:
E-mail:		E-Mail:	
Address (No. and Street):		City	State
Mailing Address (If different from above):		City	State

EMPLOYMENT INFORMATION			
Please attach documentation verifying your income (i.e., paycheck stub or income tax return)			
Parent #1		Parent #2	
Name of Employer:		Name of Employer:	
Date of Hire:	# of hours worked each week:	Date of Hire:	# of hours worked each week:
Position	Work Phone:	Position	Work Phone:
Salary (Monthly):	Other Sources of Income?:	Salary (Monthly):	Other Sources of Income?:
Name of Second Employer:		Name of Second Employer:	
Date of Hire:	# of hours worked each week:	Date of Hire:	# of hours worked each week:
Position	Work Phone:	Position	Work Phone:
Salary (Monthly):	Other Sources of Income?:	Salary (Monthly):	Other Sources of Income?:

FOSTER CHILDREN CURRENTLY PLACED IN YOUR HOME				
Last Name:	First Name:	DOB:	From Which DCF Office?:	Name of Social Worker:
Last Name:	First Name:	DOB:	From Which DCF Office?:	Name of Social Worker:
Last Name:	First Name:	DOB:	From Which DCF Office?:	Name of Social Worker:
Last Name:	First Name:	DOB:	From Which DCF Office?:	Name of Social Worker:
Last Name:	First Name:	DOB:	From Which DCF Office?:	Name of Social Worker:



**NON-DISCRIMINATION NOTICE**

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§2000d *et seq.*), as amended, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), Title II of the Americans With Disabilities Act of 1990 (42 U.S.C. §§12131 *et seq.*) and the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101 *et seq.*), the Connecticut Department of Children and Families (DCF) does not discriminate on the basis of race, color, national origin, disability or age in admission or access to, or treatment or employment in, its programs and activities.

The DCF Office of Diversity and Equity coordinates DCF's effort to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 80, 84, and 91) and U.S. Department of Justice regulations (28 C.F.R. Part 35) in implementing these federal laws.

Discrimination on the basis of age, ancestry, color, gender identity or expression, genetic information, intellectual disability, learning disability, marital status, physical disability (including blindness), prior conviction of a crime, pregnancy, present or past history of mental disability, national origin, race, religion, sex or sexual orientation is prohibited under the law of the State of Connecticut.

For further information about the DCF grievance procedures for resolution of discrimination complaints, contact the DCF Office of Diversity and Equity, 505 Hudson Street, Hartford, Connecticut, 06106-7107, telephone 860- 550-6303, TDD 860-550-6028 or 1-800-982-6373.

**FOSTER PARENT COMMITMENT AND ACKNOWLEDGEMENT**

*I/We acknowledge that the use of abusive, neglectful, corporal, humiliating or frightening punishment and inappropriate restraints is strictly prohibited.*

*I/We will promptly notify DCF of any changes in my/our personal or family circumstances that might affect my/our licensing status including but not limited to change of address, death, marriage, birth, employment, health and number of persons living in my home.*

**THE DEPARTMENT OF CHILDREN AND FAMILIES HAS MY/OUR PERMISSION TO CHECK ALL INFORMATION RELATED TO MY APPLICATION FOR LICENSE RENEWAL.**

**SIGNATURES**

Name of Parent 1	Signature of Parent 1	Date:
Name of Parent 2	Signature of Parent 2	