

State of Illinois
Department of Children and Family Services
APPLICATION FOR AN INITIAL FOSTER FAMILY HOME LICENSE

Complete in duplicate.
Retain one copy for your file.

DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY

Region/Site/Field Responsible for License 6B-02-01 County No. 105 Date Received _____ Date Entered _____

Supervising Agency No. 123797 Name Family Resource Center

For DCFS Use Only <input type="checkbox"/> Independent Home	<input checked="" type="checkbox"/> Licensed Child Welfare Agency <input type="checkbox"/> Licensed Day Care Agency <input type="checkbox"/> Licensed Exempt Agency	Street Address <u>5828 North Clark Street</u> City <u>Chicago</u> Zip <u>60660</u> Telephone No. <u>(773) 334-2300</u>
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PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS APPLICATION

NAME OF APPLICANTS:

A. _____
Last Name First Name Middle Social Security or ITIN No. _____

B. _____
Last Name First Name Middle Social Security or ITIN No. _____

Address _____
No. and Street City, State and Zip County

Mailing Address _____
No. and Street City, State and Zip County

Home Telephone _____
Area Code Number Area Code Number

ALL APPLICANTS PLEASE ANSWER THE QUESTION BELOW AND SIGN THE APPLICATION

1. Have you ever been convicted for other than a minor traffic violation? No Yes
If yes, explain: _____
2. Are you currently licensed for child care in Illinois? No Yes License No(s). _____
If yes, give type of license(s) _____
Name on license(s) _____
Address on license(s) _____
3. Have you ever been licensed for child care outside Illinois? No Yes License No(s). _____
If yes, give type of license(s) _____
Name on license(s) _____
Address on license(s) _____
4. If you are not currently licensed for child care, complete the question below:
Have you ever applied for a child care license? No Yes
Was license issued? No Yes
Name on license _____
Address on license _____
5. Have you ever received child welfare services from the Department? No Yes
If yes, what was the reason for the service: _____
6. Does Applicant A and/or B speak a language other than English? No Yes If yes indicate:
Applicant A's Language: _____
Applicant A's Proficiency: Bilingual _____ Fluent _____ Conversational _____
Applicant B's Language: _____
Applicant B's Proficiency: Bilingual _____ Fluent _____ Conversational _____

I(WE), the undersigned, representing the facility herein named, hereby apply for license to operate a child care facility under the Child Care Act of 1969 as amended. I(WE) declare that, I(WE):

- I. Have received a copy of the standards, have read and are familiar with the standards for which license is sought.
- II. Will be subject to investigation upon application in regard to meeting standards.
- III. Will cooperate with the licensing agency through the study.
- IV. Are aware that to operate a child care facility without a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.
- V. Will be subject to supervision in terms of conformance with minimum standards upon issuance of a license.
- VI. Affirm that the information provided above is true. I(WE) understand that making materially false statements in order to obtain a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.

SIGNATURE(S)

DATE

DATE

INSTRUCTIONS FOR THE APPLICATION FOR AN INITIAL FOSTER FAMILY HOME LICENSE

Name of Applicant(s)

Enter the name(s) of the person(s) who are applying to be licensed as foster parent(s). Enter the social security or individual taxpayer identification (ITIN) number of each person listed in the spaces provided. If applicant is married and living with spouse, enter name and social security number for both persons.

Address

Enter the complete address of the home's actual location.

Mailing Address

Use ONLY when the mailing address is different from the actual location of the home.

Telephone Number

Enter the area code and phone number of the home and work telephone if applicable.

All applicants should answer the questions on the bottom of the form.

If there is one applicant, he/she must sign the form. If there are joint/married applicants, both must sign.

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.