

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 \_\_\_\_\_ County No. \_\_\_\_\_ Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_

Supervising Agency No. \_\_\_\_\_ Name \_\_\_\_\_

For DCFS Use Only <input type="checkbox"/> Independent Home	<input type="checkbox"/> Licensed Child Welfare Agency <input type="checkbox"/> Licensed Day Care Agency <input type="checkbox"/> Licensed Exempt Agency	Street Address _____ City _____ Zip _____ Telephone No. _____
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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.