

# Protective Home Application

Date of Application \_\_\_\_\_

## Primary Contact Information

Primary Contact Name \_\_\_\_\_  
First Middle Last

Other Names Known  
By (Alias, Maiden, Etc) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Race \_\_\_\_\_  
Marital Status \_\_\_\_\_ Language Spoken \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
County \_\_\_\_\_  
Mobile Phone Number \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_

PURSUANT TO KSA 65-516, HAVE YOU EVER:

a) Had a felony conviction, entered a plea of guilty or no contest, or been sentenced in a court of law?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

b) Had a conviction of a crime against persons, a sexual offense or crimes affecting family relationships?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

c) Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent or miscreant?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

d) Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

e) Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

f) Had parental rights terminated?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

g) Signed a diversion agreement involving child abuse or a sexual offense?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

h) Been found to be a disabled person in need of a guardian or conservator or both?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

i) Do you have an infectious or contagious disease?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

**Spouse Contact Information**

Spouse Name	_____	_____	_____
	First	Middle	Last
Other Names Known By (Alias, Maiden, Etc)	_____		
Date of Birth	_____	Social Security Number	_____
Ethnicity	_____	Race	_____
Marital Status	_____	Language Spoken	_____
Driver's License #	_____	State Issued	_____
Email	_____		
Address	_____		
County	_____		
Mobile Phone Number	_____		
Home Phone Number	_____	Work Phone Number	_____
Occupation	_____		
Name of Employer	_____		
Employer Address	_____		

**PURSUANT TO KSA 65-516, HAVE YOU EVER:**

- a) Had a felony conviction, entered a plea of guilty or no contest, or been sentenced in a court of law?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_
- b) Had a conviction of a crime against persons, a sexual offense or crimes affecting family relationships?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_
- c) Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent or miscreant?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_
- d) Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_
- e) Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_
- f) Had parental rights terminated?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_
- g) Signed a diversion agreement involving child abuse or a sexual offense?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_
- h) Been found to be a disabled person in need of a guardian or conservator or both?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_
- i) Do you have an infectious or contagious disease?  
No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

**Information For Others Living in the Home**

*If 10 years or older, please also include DL#, if applicable, and alias/maiden name*

Name	DOB	SSN	DL Number	Alias/Maiden Name

PURSUANT TO KSA 65-516, HAVE YOU EVER:

a) Had a felony conviction, entered a plea of guilty or no contest, or been sentenced in a court of law?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

b) Had a conviction of a crime against persons, a sexual offense or crimes affecting family relationships?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

c) Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent or miscreant?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

d) Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

e) Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

f) Had parental rights terminated?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

g) Signed a diversion agreement involving child abuse or a sexual offense?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

h) Been found to be a disabled person in need of a guardian or conservator or both?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

i) Do you have an infectious or contagious disease?

No  Yes  Date: \_\_\_\_\_ State/County: \_\_\_\_\_

Age of Children You Prefer To Care For  
 Any  
 0-2 Years  
 3-6 Years  
 7-11 Years  
 12-18 Years

How Many Children Would You Be Able to Care for At One Time? (Siblings)  
 1  
 2  
 3  
 4+

Are You Able to Care for Children with Special Needs?  
 Yes  
 No

If Yes, Please Select Which Conditions You are Able to Care For  
 Physical  
 Medical  
 Psychological  
 Other (Please Specify)

---

Are You a Member of a Local Church?  
 No  
 Yes (Please Specify)

---

Housing Status  
 Own  
 Rent  
 Other (Please Specify):

---

Type of House  
 House  
 Apartment  
 Trailer  
 Other (Please Specify):

---

Number of Bedrooms

---

Are There Any Pets In the Home?  
 No  
 Yes (Please Specify)

---

Does Anyone Living In The Home Smoke?  
 No  
 Yes

Are There Any Firearms In The Home?  
 No  
 Yes

*Marking Yes will not disqualify you from becoming an eligible home. This question is for safety and informational purposes only.*

Why Do You Want to Be a Protective Home? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Additional Comments \_\_\_\_\_

---

---

---

---

Please list three references, their addresses and phone numbers.

1) \_\_\_\_\_

---

---

2) \_\_\_\_\_

---

---

3) \_\_\_\_\_

---

---

How did you hear about Protective Homes?

---

---