

STATE OF CONNECTICUT  
Department of Children and Families

**Foster Care Licensing  
Placement Waivers Request Form**

<b>Foster Parent or Prospective Foster Parent (Circle One)</b>		<b>Licensed Bed Capacity</b>	
<b>Address:</b>		<b>Provider #</b>	
<b>Phone:</b>		<b>Language</b>	

<b>Type of Waiver</b>	<b>Check Applicable</b>	<b>Approving Authority</b>
Physical Requirements of the Home (Egress, Pools, Lead Paint For Children >6) Foster Care Regulations Section 17-145-137	<input type="checkbox"/>	<b>CPS PM and FASU PM</b>
Telephone: Foster Care Regulations Section 17-145-138	<input type="checkbox"/>	<b>CPS PM and FASU PM</b>
Children's Bedroom, Clothing, Privacy, Egress: Foster Care Regulations Section 17-145-139	<input type="checkbox"/>	<b>CPS PM and FASU PM</b>
More than one out-of-home care license (in-house day care): Foster Care Regulations Section 17a-145-150	<input type="checkbox"/>	<b>CPS PM and FASU PM</b>
Financial Condition: Foster Care Regulations Section 17a-145-147	<input type="checkbox"/>	<b>CPS PM and FASU PM</b>
Food and Water: Foster Care Regulations Section 17-145-140	<input type="checkbox"/>	<b>CPS PM and FASU PM</b>
Animals: Foster Care Regulations Section 17-145-142	<input type="checkbox"/>	<b>CPS PM and FASU PM</b>
Health Standards: Foster Care Regulations Section 17a-145-143	<input type="checkbox"/>	<b>CPS PM and FASU PM</b>
More than one out-of-home care license (DDS and CPA): Foster Care Regulations Section 17a-145-150	<input type="checkbox"/>	<b>Director OChYP</b>
Criminal History; Pending Criminal Actions; History of Child Abuse or Neglect: Foster Care Regulations Section 17a-145-152	<input type="checkbox"/>	<b>Commissioner</b>
Overcapacity: DCF Policy 41-19-2	<input type="checkbox"/>	<b>Regional Administrator</b>
More than one TFC Placement*	<input type="checkbox"/>	<b>RA(s) with notification to Director OChYP</b>

**\*NOTE: For a waiver involving more than one TFC placement, the RA requesting the waiver shall take the lead to obtain agreement between the two involved Regions and the TFC partner agency. Upon agreement, the RA shall notify the Director of OChYP and attach the finalized waiver form.**

**Children Currently in the Home**

<b>NAME</b>	<b>SEX</b>	<b>DOB</b>	<b>SPECIFY IF BIOLOGICAL, ADOPTED, RELATIVE, GUARDIANSHIP OR FOSTER</b>

Daycare Home: YES  No

**Children Receiving Day Care In The Home**

NAME (optional)	GENDER	DOB	Hours

**Children To Be Placed**

NAME	GENDER	DOB

**IF OVERCAPACITY REQUEST**

This Placement Will Result In Exceeding The Population Limits As Follows:

- Exceeding Licensed Capacity
- More Than Three (3) Foster or Prospective Adoptive Children
- More Than Six (6) Children
- More Than Two (2) Children Under Two (2) Years Of Age
- More Than Three (3) Children Under Six (6) Years Of Age.

**SLEEPING ARRANGEMENTS**

**PLAN TO REDUCE OVERCAPACITY**

LENGTH OF TIME OVERCAPACITY/WAIVER IS GRANTED FOR \_\_\_\_ WEEKS OR

Permanent Overcapacity       Yes   or    No

**EXISTING WAIVERS**

**Explain Significant Issues In The Foster Family's History Such As Substantiations Of Abuse or Neglect or Any Previous Concerns With This Family.**

**Physical Requirements of the Home (Pools, Lead Paint For Children >6 )**

Explain:

**Telephone**

Explain:

**Children's Bedroom, Clothing, Privacy, Egress**

Explain:

**Criminal History, Pending Criminal Actions, History of Child Abuse or Neglect**

Explain:

**More than one out-of-home care license (DDS and CPA)**

Explain:

**Relative Placements in CPA homes**

Explain:

**In-home Daycare**

Explain:

**Financial Condition**

Explain:

**Food and Water**

Explain:

**Animals**

Explain:

**Health Standards**

Explain:

**Region 1 Addendum to waiver request**

1. Please outline Family strengths and any needs or challenges associated with this placement. What services, if any are needed to support the family and the placement? Please outline expectations of the perspective family regarding this placement (medical appointments, school, counseling etc.).
  
2. Family description (2 parent, single, working flexible schedule etc.). Outline natural supports, DCF supports, provider support. Does the family have CPS hx and how have they worked with DCF.

3. Please describe the child you are placing in the home. Child's age/DOB, placement hx, reason for placement, strengths and any presenting issues.
4. What is the child's perspective about placement with the family, if age appropriate?  
What are the RRG recommendations?
5. Is the SW's chain of command in agreement with another child being placed in the TFC home with their child?
6. Please provide any other information you feel would be helpful in making and informed decision about this waiver request.

Please outline the rationale for support or denial of this waiver. Specifically, note why this family can meet the needs of the child and what DCF will do to support the placement.

**Required Signatures (as applicable):**

Position	Name	Signature	Date
FASU PM			
CPS PM			
Regional Administrator or designee			
Director of OChYP			
Commissioner			

**NOTE: Any request involving more than one Region requires a discussion between both Regional teams before placement occurs.**

For waivers sent to the Commissioner's attention or Office of Youth and Children in Placement, please fax to: (860) 560-7066