



Is this a Day Care Home?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please List The Children Receiving Day Care In The Home (below):		
LAST NAME (optional)	FIRST NAME (optional)	GENDER	DOB	Hours
		<input type="checkbox"/> Female / <input type="checkbox"/> Male / <input type="checkbox"/> Unknown		
		<input type="checkbox"/> Female / <input type="checkbox"/> Male / <input type="checkbox"/> Unknown		
		<input type="checkbox"/> Female / <input type="checkbox"/> Male / <input type="checkbox"/> Unknown		

**EXISTING WAIVERS**

Explain (if you need additional room, please attach sheet):

**FOSTER CARE REGULATIONS SECTION 17a-145-137-151**

Explain (if you need additional room, please attach sheet):

**FOSTER CARE REGULATIONS SECTION 17a-145-152  
CRIMINAL HISTORY, PENDING CRIMINAL ACTIONS, HISTORY OF CHILD ABUSE OR NEGLECT**

Explain *(if you need additional room, please attach sheet)*:

**OVERCAPACITY: DCF POLICY 41-19-2**  
**CORE TFC**

Explain *(if you need additional room, please attach sheet)*:

Empty text area for explanation.

**PLAN TO REDUCE OVERCAPACITY**

Explain *(if you need additional room, please attach sheet)*:

LENGTH OF TIME OVERCAPACITY/WAIVER IS GRANTED FOR \_\_\_\_\_ WEEKS OR Permanent Overcapacity:  Yes  No

**REQUIRED SIGNATURES *(as applicable)*:**

Position	Name	Signature	Date
FASU PS			
FASU PS			
CPS PS			
CPS PS			
TFC Agency Representative			
Office Director (if unavailable, Assistant Chief or Designee)			
FASU or Clinical Program Director			
Commissioner (if unavailable, Deputy Commissioner)			

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