State of Connecticut Department of Children and Families FOSTER CARE LICENSING PLACEMENT WAIVER REQUEST



Foster Parent Prospective Foster Parent Licensed Bed Capacity:				anguage:			
Last Name	First Name				LINK #		
Address		City			State:		Zip:
	Type of Waiver				Check, if Applicable	Арр	proving Authority
Physical Requirements of the Home (egress, pools, lead paint for children less than six years old): DCF Regulation Section 17-145-137					CPS	PM and FASU PM	
Telephone: DCF Regulation Section 17-145-138					CPS PM and FASU PM		
Children's Bedroom, Clothing, Privacy: DCF Regulation Section 17-145-139					CPS PM and FASU PM		
In-home daycare): DCF RegulationSection 7	17a-145- 150					CPS PM and FASU PM	
Financial Condition: DCFRegulation Section	17a-145-147					CPS	PM and FASU PM
Food and Water: DCF Regulation Section 1	7-145-140					CPS	PM and FASU PM
Animals: DCF Regulation Section 17-145-14	12					CPS	PM and FASU PM
Health Standards: DCF Regulation Section	17a-145-143					CPS	PM and FASU PM
Simultaneous Licensing by DDS or another	Child Placing Agency	: DCF Re	gulation Sect	ion 17a-145-150		[Director OChYP
Criminal History and Pending Criminal Case DCF Regulation Section 17a-145-152	s; Substantiated CPS	6 History o	or Pending CF	PS Case:			Commissioner
Over-capacity						Reg	ional Administrator
More than one TFC Placement*							with notification to Director OChYP
*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.							
Pleas	e List t he Name s o f	the Child	ren Who Liv	e in this Home			
NAME	GENE	DER	DOB	SPECIFY IF: Biological, Adopted, Relative, Guardianship or Foster			

Is this a Dayc are Home?:	a Daycare Home?: Yes No If Yes, Please List the Children Receiving Day Care in The Home:				
LAST NAME (optional)	FIRST NAME (optional)	GENDER	DOB	OB Hours	
Please Li	st The Names of the Children to be P	laced in this Home			
LAST NAME	FIRST NAME	GENDER		DOB	
	IF OVER-CAPACITY REQU	FST			
This Placement Will Result In Exceeding the Po					
 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. 					
Explain (if you need additional room, please atta	SLEEPING ARRANGEMEN	IS			
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	PLAN TO REDUC	E OVER-CAPACITY	
Explain (if you need additional room, please atta			
LENGTH OF TIME OVER-CAPACITY/WAIVER	IS GRANTED FOR	WEEKS OR	
		WEEKS OK	
Permanent Overcapacity: 🔲 Yes	🗌 No		
Permanent Overcapacity: Yes			
	EXISTING	S WAIVERS	
Permanent Overcapacity: Yes Explain (<i>if you need additional room, please atta</i>	EXISTING	S WAIVERS	
	EXISTING	G WAIVERS	
	EXISTING	G WAIVERS	
	EXISTING	S WAIVERS	
	EXISTING	5 WAIVERS	
	EXISTING	6 WAIVERS	
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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 UNDER AGE 6)

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

TELEPHONE

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

CHILDREN'S BEDROOM, CLOTHING, PRIVACY

CRIMINAL HISTORY, PENDING CRIMINAL CASES, SUBSTANTIATED CPS HISTORY, PENDING CPS CASE

SIMULTANEOUS LICENSING (DDS AND CPA)

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

MORE THAN ONE TFC PLACEMENT

IN-HOME DAYCARE

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

FINANCIAL CONDITION

FOOD AND WATER

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

ANIMALS

HEALTH STANDARDS

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

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 or THE Office of Youth and Children in Placement, please fax to: 860-560-7066