

Is this 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	Hours

Please List The Names of the Children to be Placed in this Home

LAST NAME	FIRST NAME	GENDER	DOB

IF OVER-CAPACITY 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

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

PLAN TO REDUCE OVER-CAPACITY

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

LENGTH OF TIME OVER-CAPACITY/WAIVER IS GRANTED FOR WEEKS OR

Permanent Overcapacity: Yes No

EXISTING WAIVERS

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

Explain Significant Issues in the Foster Family's History such as Substantiations of Abuse or Neglect or any Previous Concerns with this Family.

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

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

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

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

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

SIMULTANEOUS LICENSING (DDS AND CPA)

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

MORE THAN ONE TFC PLACEMENT

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

IN-HOME DAYCARE

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

FINANCIAL CONDITION

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

FOOD AND WATER

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

ANIMALS

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

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**