



Request for Foster Home Waiver

Date of Waiver Request: Requestor:

Foster Home Information

Last Name: <small>(as it appears in ICWIS)</small>	First Name(s):
Foster Home County:	License Expiration Date:
Street Address	Licensure Capacity:
City, State, Zip	Age/Gender:

Comment [D1]: User enterable date field.

Comment [D2]: Prefill/default to the name of the user that creates the template.

Child Information ~ Children in home on waiver

Last Name	First Name	Age	Gender	Home County	Date of Placement	Relationship to Other Child(ren) in the Home
<input type="checkbox"/> listed on prior waiver for this home	Waiver Type (circle)		<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Capacity (5 or less total children)	<input type="checkbox"/> Capacity (greater than 5 total children)
Last Name	First Name	Age	Gender	Home County	Date of Placement	Relationship to Other Child(ren) in the Home
<input type="checkbox"/> listed on prior waiver for this home	Waiver Type		<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Capacity (5 or less total children)	<input type="checkbox"/> Capacity (greater than 5 total children)
Last Name	First Name	Age	Gender	Home County	Date of Placement	Relationship to Other Child(ren) in the Home
<input type="checkbox"/> listed on prior waiver for this home	Waiver Type		<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Capacity (5 or less total children)	<input type="checkbox"/> Capacity (greater than 5 total children)
Last Name	First Name	Age	Gender Male Female	Home County	Date of Placement	Relationship to Other Child(ren) in the Home
<input type="checkbox"/> listed on prior waiver for this home	Waiver Type		<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Capacity (5 or less total children)	<input type="checkbox"/> Capacity (greater than 5 total children)

Comment [D3]: Section with 5 sets of rows. Prefill the Names, Age, Gender, Date of Placement of any children that are in an open Placement with the Provider and for whom the placement is identified as a Placement Exception. The Home Relationship to Other children fields should be user enterable fields. If there is a method in Financial for getting "Home County", please use the same method. If not, then make user enterable.



Last Name	First Name	Age	Gender	Home County	Date of Placement	Relationship to Other Child(ren) in the Home
<input type="checkbox"/> listed on prior waiver for this home		Waiver Type	<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Capacity (5 or less total children)	<input type="checkbox"/> Capacity (greater than 5 total children)

Comment [D4]: Note: Please match fill color for this alternating row set as above.

Other available homes and/or resources contacted prior to requesting this waiver

Homes / Resources Contacted:		

Comment [D5]: Series of 11 user enterable text fields in this section

Other Children Currently in the Home

Child's Name	Age	Gender	Own Child or Foster Child?	Date of Placement

Comment [D6]: This section is a Repeating group box that is prefilled (followed by a break and two additional user enterable rows). Prefill the fields in this section with any children that are current household members in the Provider record - Members tab. Name, Age, Gender, if they are in the home as a child in Out of Home Placement then prefill the "own Child or Foster Child with the term "Foster". If they are not in an out of Home Placement, then prefill the field with the term "Own". If they are a Foster Child, then prefill the Date of Placement field with the initial date of placement with this provider.

Child's Name	Age	Gender	Own Child or Foster Child?	Date of Placement

Comment [D7]: This section contains two additional user enterable rows following the repeating group box above.

Foster Home Space and Capacity to Care for Children

Bedroom	Describe sleeping arrangements.		
Master Bedroom	1.	2.	3.
Bedroom 2	1.	2.	3.
Bedroom 3	1.	2.	3.
Bedroom 4	1.	2.	3.
Bedroom 5	1.	2.	3.

Comment [D8]: This section contains 15 user enterable text fields

Waiver Information

Why this Home? (Circle) To keep (or return) the child to his home county	Plan to Eliminate Waiver (Circle) Amend license
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To keep (or place) siblings together
 The child is familiar with this foster parent

Short-Term / Respite
 Other child leaving the home

Other:

Name:

Date:

Comment [D9]: This section contains 3 user enterable text fields

Assurance of services and quality of Care

Who is responsible for assuring and documenting services are in place to support the foster family?

What services will be available for the foster family to assure that this waiver will not negatively impact the quality of care for children in the home?
 List, describe frequency, follow-up and oversight.

Comment [D10]: This section contains all User enterable text fields

Assessment Information – for capacity more than 5, or more than 2 under age 2

Assessment per 65C-13.032 has been completed and attached to this waiver? Yes No

Comment [D11]: This section contains all User enterable text fields

Waiver Authorization

Duration		Approved by Intake Specialist		Approved by Placement Director		Approved by Chief Executive Officer	
From	To	Name	Date	Name	Date	Name	Date

Comment [D12]: This section contains 48 user enterable text fields. They may not be used as hard copy signature fields, however the user should have the possibility to type in the information.