



License #: \_\_\_\_\_

Name: \_\_\_\_\_

### REQUEST FOR FAMILY FOSTER HOME EXCEPTION

An exception to a Regulation may be allowed by DCF if:

- (1) The applicant requests an exception from DCF; and
- (2) The exception is determined to be in the best interest of the child(ren) or their families.

Please complete the following and return by fax to **Kansas Department for Children and Families**, (785) 296-5937.

I/we request an exception to K.A.R # \_\_\_\_\_ Exception is needed from \_\_\_\_\_ until \_\_\_\_\_

Current License Capacity \_\_\_\_\_ and age range \_\_\_\_\_

Reason for request: Check all that apply. On page 3, explain how this exception is in the best interest of each child.

- |  |   |  |
|--|---|--|
| Over capacity  | If over capacity, how many              | Swimming pool regulations                  |
| Age range  |   | Pictures included                          |
| Square footage   | How many square feet less than required | Safety plan included                       |
| More than 6 children under 16 in the home  | How many children under 16              | Window size in foster care bedroom         |
| Opposite-sex children age 5 or older sharing a bedroom                             |   | List measurements                          |
| Approval from child-placing agency and each child's placing agent                  |   | Use of non-bedroom space as a bedroom      |
| Child under age 5 sharing a bedroom with another child age 5 or older/non-age mate |   | Safety/privacy plan included               |
| Approval from child-placing agency and each child's placing agent                  |   | Other exceptions re: placement of children |
|  |   | Other environmental                        |

\_\_\_\_\_  
Name of Family Foster Home [as on license] License Number

\_\_\_\_\_  
Address City Zip County

\_\_\_\_\_  
Telephone Number Fax Number E-mail Address Date

**This request has been completed by the Child Placing Agency social worker and is being submitted at the request of the foster parents.**

\_\_\_\_\_  
Signature of CPA Social Worker Telephone Number Fax Number E-mail Address

\_\_\_\_\_  
Sponsoring CPA Address City Zip County

DCF Administrator Response:  Approve  Disapprove  
Comments:

Signature of DCF Administrator \_\_\_\_\_ Date \_\_\_\_\_

Note: Foster Home is to retain this form in their licensure file on the premises. Exceptions are approved for specific children only. If the exception is for increase in capacity, it is valid through the approval date or until any child leaves care, whichever occurs sooner.



**BEDROOM #5**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If applicable, anticipated date of departure for any child listed above: \_\_\_\_\_

Are any of the above-listed children siblings?  YES  NO

If yes, which children? \_\_\_\_\_

5. Are there sufficient beds available?  YES  NO

If no, explain: \_\_\_\_\_

6. Are there sufficient cribs available?  YES  NO  NA

If no, explain: \_\_\_\_\_

7. Is there sufficient seating with appropriate restraints in the available vehicles to provide for necessary transportation?  YES  NO

If no, explain: \_\_\_\_\_

8. Are there sufficient child safety seats and/or booster seats available?  YES  NO  NA

If no, explain: \_\_\_\_\_

9. If the request is for the family to provide care outside of the licensed age range, has it been verified that the home is in compliance with the regulations applicable to that age group? (Refer to FCL 403 *Family Foster Home Survey Instrument* regarding regulations specific to age groups)  YES  NO  NA Verified by (Name of staff): \_\_\_\_\_

If no, explain: \_\_\_\_\_

10. Identify any special needs of any child currently in placement and/or any child for whom care is addressed by this Request. \_\_\_\_\_

\_\_\_\_\_

11. Identify any additional supports the sponsoring Child Placing Agency will provide to enable the family to care for these children.

\_\_\_\_\_

12. If the children are not known to the family, how many other local family foster homes were contacted within your agency? \_\_\_\_\_

What other child-placing agencies were contacted? (List or attach a list) \_\_\_\_\_

13. Explain how this exception request is in the best interest of each child, any additional information related to the request regarding the specific circumstances of the child(ren) in foster care and/or the foster family. If this exception is granted, how will you assure the health, safety and well-being of children in care?