

Foster Family Home Exception Request

Use this form to request an exception to provisions of a specific regulation to proceed in an alternative manner in accordance with K.A.R. 30-47-804(e): Any applicant or licensee may request an exception from the secretary. Any request for exception may be granted if the secretary determines that the exception is in the best interest of a child(ren) in foster care and the exception does not violate statutory requirements. An exception is evaluated for each separate request.

Over capacity exceptions are granted for specific children and are valid through the approval date or until the child leaves the home or another child leaves the home and the home is no longer over capacity. A floor plan is required to be submitted with each over capacity request.

Submit FCL 408 and supporting documents to: DCF.FCLEExceptions@ks.gov

Submit photographs, diagrams, floor plans, safety plans, high risk forms as appropriate.

Section 1. Name of the Child Placement Agency Submitting Exception Request

Name of Child Placement Agency:

Email:

CPA Staff Submitting Exception:

Phone Number:

Section 2. Foster Family Home Information

Foster Family Home Licensee:

License Number:

Address:

Phone number:

Licensed Capacity:

Licensed Age Range:

Family Foster Home Program Type: (select program)

Family Foster Home

Family Foster Home Relative Care

Family Foster Home NRKIN

Family Foster Home Military Base

Section 3. Exception Request for KAR 30-47-804(a)(1)(3)

Age Range

Over Capacity

N/A

The reason for the placement of each foster child that exceeds the home's licensed capacity is: (select the appropriate response)

Child(ren) is a part of a sibling group

Child(ren) has a prior relationship with the foster family

licensed home has special training to meet the needs of the specific child

Places teen parent and child together

licensed home provides respite service

Emergency placement, no other homes available

Case Management Provider for the child and the Child Placement Agency have consulted and agree with the over capacity

Yes

No

The over capacity request requires other regulatory exceptions:

Yes

No

a. Narrative to support reason for over capacity: *(home is compliant with regulations for outside of age range, who are siblings, what is relationship, what is special training, what is emergency)*

Placement Request Begin Date:

Placement End Date:

b. Additional Supports the Child Placement Agency will provide to enable care for the child(ren).

c. Identify special needs of any child(ren) currently in placement and any child(ren) for whom placement is requested:

Section 4. List Children for Whom Overcapacity is Requested (n/a if over capacity/age range is not needed)

Name	DOB (Age)	Gender	Bedroom #
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Section 5. List all Residents of the Family Foster Home (required for all exceptions)

Name:	Relationship to Licensee:	Age:	Gender:	Bedroom #
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Section 6. Exception Information: *(include the regulation number for each regulation an exception is being requested)*

a. I/we request an exception to KAR 30-47

b. Explain why the regulation is not currently or will not be met: *(If not economically feasible, explain why and include cost estimate to comply.)*

c. Describe how the intent of the regulation will be met to assure the health and safety of the child(ren) in care: *(include all specific actions taken to support the request)*

Exception Request Begin Date:

Exception Request End Date:

Date Exception Submitted to DCF Foster Care Licensing:

Section 7. Signature of Child Placement Agency Worker: