

DEPARTMENT FOR CHILDREN AND FAMILIES  
Foster Care and Residential Facility Licensing Division  
555 South Kansas Ave. • 2<sup>nd</sup> Floor • Topeka, KS 66603  
Fax: (785) 296-5937  
Website: <http://FosterLicensing.dcf.ks.gov>



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 to **Kansas Department for Children and Families**, fax if request is urgent.

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

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

Reason for request: **[Explain how this exception request is in the best interest of each child. If this exception is granted, how will you assure the health, safety and well-being of children in care? Use separate page if needed].** Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Over Capacity  | <input type="checkbox"/> Swimming pool regulations – include pictures, safety plan           |
| <input type="checkbox"/> Age Range  | <input type="checkbox"/> Window size in foster care bedroom                                  |
| <input type="checkbox"/> Square Footage   | <input type="checkbox"/> Use of non-bedroom space as a bedroom (include safety/privacy plan) |
| <input type="checkbox"/> More than 6 children under age 16 in the home          | <input type="checkbox"/> Other environmental   |
| <input type="checkbox"/> Opposite-sex children age 5 or older sharing a bedroom |  |
| <input type="checkbox"/> Other exceptions re: placement of children             |  |

\_\_\_\_\_  
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

If the exception is for increase in capacity, it is valid through the approval date or until any child leaves care, whichever occurs sooner.

**NOTE:** Foster Home is to retain this form in their licensure file on the premises. Exceptions are approved for specific children only.

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

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

## EXCEPTION WORKSHEET

To facilitate timely review and consideration, submit this worksheet to DCF with any Request for Exception (FCL 408). Complete all application information. Please type or print.

1. Within the last year, have there been exceptions to license capacity and/or age range for this family foster home? ☐ YES ☐ NO

If yes, how many \_\_\_\_\_ If yes, are any still in effect or still needed ☐ YES ☐ NO Specify: \_\_\_\_\_

2. Has the family ever been under a Partnership Development Plan or a Corrective Action Plan? ☐ YES ☐ NO

If yes, explain the circumstances and attach a copy: \_\_\_\_\_

Was the PDP or CAP successfully completed? ☐ YES ☐ NO Date Completed: \_\_\_\_\_

3. Reason(s) this request is in the best interest of the children (Check all that apply and include full explanation in #13):

- ☐ To keep siblings together
- ☐ To keep a teen parent and his/her own child together
- ☐ Child(ren) and foster parent(s) have a prior relationship
- ☐ Foster home is in child(ren)'s home or contiguous county
- ☐ To preserve relative connections for the child(ren)
- ☐ To preserve school & community connections for the child (ren)
- ☐ To facilitate permanency goals, such as reunification
- ☐ Family is a cultural match for the child(ren) Explain: \_\_\_\_\_
- ☐ Child has special needs and the foster parent(s) have expertise in the needed area
- ☐ Other, specify: \_\_\_\_\_

4. For each bedroom, list ALL household members and child(ren) for whom placement is requested:

| Name (First & Last) | Age | Gender | Relationship to foster parent(s) | If applicable, length of placement in this home |
|---------------------|-----|--------|----------------------------------|---|
|---------------------|-----|--------|----------------------------------|---|

**BEDROOM #1** (Corresponding to bedroom numbers on floor plan)

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**BEDROOM #2**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**BEDROOM #3**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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

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

| Name (First & Last)  | Age   | Gender | Relationship to foster parent(s) | If applicable, length of placement in this home |
|--|-------|--------|----------------------------------|---|
| <b>BEDROOM #4</b> (Corresponding to bedroom numbers on floor plan) |       |        |                                  |   |
| _____  | _____ | _____  | _____                            | _____   |
| _____  | _____ | _____  | _____                            | _____   |
| _____  | _____ | _____  | _____                            | _____   |
| <b>BEDROOM #5</b>  |       |        |                                  |   |
| _____  | _____ | _____  | _____                            | _____   |
| _____  | _____ | _____  | _____                            | _____   |
| _____  | _____ | _____  | _____                            | _____   |
| _____  | _____ | _____  | _____                            | _____   |

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. Additional information related to the request regarding the specific circumstances of the child(ren) in foster care and/or the foster family: