

Requesting Agency/DCS Region: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

Individual Requiring Waiver: \_\_\_\_\_

Caregiver Address/Facility: \_\_\_\_\_

Type of Caregiver:  Traditional Foster Home  Kinship Foster Home

Direct Care Provider  Non-Custodial

Type of Waiver:  Misdemeanor Conviction  Felony Convictions

Excess of 5 Convictions

## Criminal History

(NOTE: All criminal convictions or pending charges are to be documented below, *in addition to* the charge that requires a waiver. If more space is needed, please add to the justification section)

Date of Arrest/ Charge	State/ County of Incident	Charge	Date of Conviction	Type of Conviction	Comments
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	



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CS- 0921-1  
Rev: 8/25

Individual Requiring Waiver: \_\_\_\_\_

			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
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			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	
			<input type="checkbox"/> Pending	Misd <input type="checkbox"/> Felony <input type="checkbox"/>	



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Individual Requiring Waiver: \_\_\_\_\_

### ***Justification for Waiver***

Provide details regarding the circumstances and justification of the waiver request. Describe how the matters have been resolved or are no longer a safety issue. (Attach supporting documentation such as criminal history which could further support the request). List additional criminal history that would not fit above in this section, if needed:

### ***Approver's comments***



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Individual Requiring Waiver: \_\_\_\_\_

**For Foster Homes, Kinship Homes, and Non-custodial placements:**

*By signing below, I have reviewed the waiver information and confirm my agreement that the circumstances detailed in this waiver meet DCS safety requirements.*

Approved

Denied

\_\_\_\_\_  
*DCS Regional/Program Director/Designee Signature*

\_\_\_\_\_  
*Date*

Approved

Denied

\_\_\_\_\_  
*Contract Agency Executive Director/Designee Signature*

\_\_\_\_\_  
*Date*

**For Provider Homes and Direct Care Staff:**

*By signing below, I have reviewed the information detailed in this waiver and assessed for compliance.*

In Compliance

Not in Compliance

\_\_\_\_\_  
*Resource Home Eligibility Director/Designee Signature*

\_\_\_\_\_  
*Date*

In Compliance

Not in Compliance

\_\_\_\_\_  
*Director of Licensure/Designee Signature*

\_\_\_\_\_  
*Date*

**For DCS Employees Only:**

Approved

Denied

\_\_\_\_\_  
*Executive Director of Human Resources/Designee Signature*

\_\_\_\_\_  
*Date*

Approved

Denied

\_\_\_\_\_  
*Commissioner/Assistant or Deputy Commissioner/Designee Signature*

\_\_\_\_\_  
*Date*

Approved

Denied

\_\_\_\_\_  
*DCS Regional/Program Director/Designee Signature*

\_\_\_\_\_  
*Date*



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