

Requesting Agency/
DCS Region: _____ Telephone No.: _____

Name: _____

Individual Requiring Waiver: _____

Caregiver
Address/Facility: _____

Type of Caregiver: Traditional Foster Home Kinship Foster Home
 Direct Care Provider Non-Custodial

Date of Substantiation	Investigation ID	Allegation Substantiated	Severe (Y/N)	County/State



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: DCS Foster Home Case file, Employee, Personnel file, Private Provider Case File, CPS Case File

CS-0921-2
Rev: 8/25



Individual Requiring Waiver: _____

Other CPS History

List any other unsubstantiated CPS history.

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, juvenile court orders, DCS hearing orders, CPS notices, or supporting documentation which could further support the request):



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Individual Requiring Waiver: _____

Approver's comments

For Non-Custodial Placements, Foster Homes, and Employees:

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

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



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Individual Requiring Waiver: _____

For DCS Employees Only:

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

Approved

Denied

For CPS Substantiations:

Regional Director of Child Safety/Designee Signature

Date

Approved

Denied



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