

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

***Description of non-safety issues for which you are requesting a 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, juvenile court orders, DCS hearing orders, CPS notices, or supporting documentation which could further support the request).



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-0921-3  
Rev: 8/25



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.*

<i>DCS Regional/Program Director/Designee Signature</i>	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Denied	<i>Date</i>
<i>Contract Agency Executive Director/Designee Signature</i>	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Denied	<i>Date</i>

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

<i>Resource Home Eligibility Director/Designee Signature</i>	<input type="checkbox"/> In Compliance	
	<input type="checkbox"/> Not in Compliance	<i>Date</i>
<i>Director of Licensure/Designee Signature</i>	<input type="checkbox"/> In Compliance	
	<input type="checkbox"/> Not in Compliance	<i>Date</i>

### **For DCS Employees Only:**

<i>Executive Director of Human Resources/Designee Signature</i>	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Denied	<i>Date</i>
<i>Commissioner/Assistant or Deputy Commissioner/Designee Signature</i>	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Denied	<i>Date</i>
<i>DCS Regional/Program Director/Designee Signature</i>	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Denied	<i>Date</i>



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