

RBWO CAPACITY WAIVER REQUEST

Date of Request:	Requested Effectiv	e Date:	
CPA Agency Name:			
Name of Person Completing Request Form/Phone #:	Role:		
Waiver Request Details			
Briefly Describe Reason for the Request:			
Describe Child(ren) Proposed to Be Placed (Include Names/DOB/RBWO Program Designations/Gender/ and Legal Counties):			
Foster Parent(s) Information			
	Phone Number:	Years of Service:	
Has the caregiver had any CPS investigations? If so, briefly explain.			
Has the caregiver had any Serious or Discipline Policy Violations or is under a Corrective Action Plan? If so, briefly explain.			

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List All Household Members & Sleeping Arrangements(Name/DOB or		
Ages/Gender/Relationship/RBWO Category/Bedroom:		
List any training, resources, skills and experience of the foster parent related to care of the		
additional child(ren) to be placed and ability to meet needs of all children:		
Children Correctly Discol Information		
Children Currently Placed Information		
Briefly Describe Each Child Currently Placed (Include Names/DOB/RBWO Program		
Designations/Gender/ Length of Time in Current Placement/Special Needs and Legal		
Designations/Gender/ Length of Time in Current Placement/Special Needs and Legal Counties):		
Counties):		
Counties): Briefly Describe Stability of Current Placements (include strengths/concerns and if the		
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List DFCS Case Manager(assigned to each child):	(s) Name (s) and Contact l	Information (indicate which CM is
Are all DFCS case manag those proposed to be place Yes No; If no, plea	d in agreement with the c	ly placed AND the case manager(s) for apacity waiver request?
Will there be any changes increased placements? If s		vision or support plan as a result of the please explain.
Submitted By		
Name	Date	Agency/County
Name	Date	Agency/County Director/Designee
Email Address To Send W	aiver Response:	

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