

RBWO CAPACITY WAIVER REQUEST

Date of Request:	Requested Effective Date:
CPA Agency Name:	
Name of Person Completing Request Form/Phone #:	Role:

Waiver Request Details

<p>Briefly Describe Reason for the Request:</p> <p>Describe Child(ren) Proposed to Be Placed (Include Names/ DOB/RBWO Program Designations/Gender/ and Legal Counties) :</p>
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Foster Parent(s) Information

Name:	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.		

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 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 Counties) :

Briefly Describe Stability of Current Placements (include strengths/concerns and if the foster parent is intending to provide permanency for any of the children currently placed):

List DFCS Case Manager(s) Name (s) and Contact Information (indicate which CM is assigned to each child):

Are all DFCS case managers for all children already placed AND the case manager(s) for those proposed to be placed in agreement with the capacity waiver request?

Yes No; If no, please explain

Will there be any changes to the foster parent supervision or support plan as a result of the increased placements? If so, please describe. If not, please explain.

Submitted By

Name

Date

Agency/County

Name

Date

Agency/County Director/Designee

Email Address To Send Waiver Response:
