

EXCEPTIONS PANEL SECOND LICENSE APPLICATION
DCF 56.04(8) and DCF 38.04(8)
Additional Information Request

Use of form: Use of this form is mandatory. Section DCF 56.02(2)(b)1., Adm. Code, states: "An applicant or licensee wanting an exception to a nonstatutory requirement in this chapter that the licensing agency may not grant may ask the department exceptions panel to grant the exception, with the approval of the licensing agency. A request for an exception under this paragraph shall be in writing on a form prescribed by the department." Consequence for not using this form would be a refusal by the panel to consider the request.

Background: The DCF Exceptions Panel has received applications to allow a foster parent to hold a treatment foster care license and group care license when the entities are separate and the group home is not their physical residence. Typically in these situations, the foster parent is listed as the applicant or person responsible for the corporation that operates the group home. The DCF Exceptions Panel has developed the following questions for these situations. The DCF Exceptions Panel may request information in addition to what is required on this form.

I. ROLE FOSTER PARENT OR APPLICANT PERFORMS AT THE GROUP HOME

A. How much time per week does the foster parent or applicant spend at the group home and when (e.g., mornings, evenings, weekends)?

B. Yes No Is the foster parent or applicant ever on call for the group home?
 If "Yes", when, how frequently, and who is the back-up in the foster home?

C. Name of the person listed as the licensee on the group home license.

II. INTERACTION OF TREATMENT FOSTER CHILDREN WITH GROUP HOME RESIDENTS

A. Yes No Will there be interaction between the treatment foster children and the group home children?
 If "Yes", how often do / will they interact?

B. Under what circumstances does / will the interaction occur?

III. LICENSING HISTORY OF THE TREATMENT FOSTER PARENT OR APPLICANT

A. Yes No Has the treatment foster parent or applicant previously been licensed as a foster parent, treatment foster parent, or operator of a group home? If "Yes", indicate type and period of previous licensure below.

| Type of License | | | Period of Licensure (mm/dd/yyyy) | |
|--------------------------------------|--|-------------------------------------|----------------------------------|----------|
| <input type="checkbox"/> Foster home | <input type="checkbox"/> Treatment foster home | <input type="checkbox"/> Group home | From _____ | To _____ |
| <input type="checkbox"/> Foster home | <input type="checkbox"/> Treatment foster home | <input type="checkbox"/> Group home | From _____ | To _____ |
| <input type="checkbox"/> Foster home | <input type="checkbox"/> Treatment foster home | <input type="checkbox"/> Group home | From _____ | To _____ |

B. Yes No Are or have there been any significant issues relating to child safety or licensing concerns?
 If "Yes" there are or were concerns or issues relating to child safety or licensing regulations, specify how those safety or licensing issues are currently or were previously addressed.

IV. ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR EXCEPTIONS PANEL MEMBERS TO CONSIDER WITH THIS APPLICATION

Attach this sheet to the Application to DCF Exceptions Panel for Exception to CH. DCF 56 or DCF 38 (DCF-F-CFS0847).