**DCF Exceptions Panel Application – Addendum**

**Subsection DCF 56.09(1m)(f) Wis. Admin. Code**

**(Number of Children for Whom Care May Be Provided)**

**Use of form:** This form is mandatory for agencies that submit Foster Care Licensing Exceptions outside of eWISACWIS. This form meets the requirements of ss. DCF 56.02(2)(b) of the Wisconsin Administrative Code. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wis. Stats].

**Instructions:** The licensing agency shall complete the top sections, including signature and date, and submit the form to the Department of Children and Families Exceptions Panel. The exception panel chair shall complete the “For Department Use Only” section, sign and date the form, and send a completed copy to the licensing agency. If additional space is required, attach separate sheet(s).

**Note:** If the licensing agency wants to request any changes to the existing conditions, a new request must be submitted to the department for approval.

|  |
| --- |
| Full Name – Foster Home Applicant / Licensee      |
| Address – Applicant / Licensee (Street, City, State, Zip Code)      |
| Telephone Number – Primary      | Telephone Number – Secondary      |
| **Rule Citations(s) for Which Exception is Requested:** |
| [ ]  ss. DCF 56.09(1m)(f)(1) In a foster home with a Level 1 to 2 certification, 8 persons. |
| [ ]  ss. DCF 56.09(1m)(f)(2) In a foster home with a Level 3 to 5 certification, 6 persons. |
| [ ]  Yes [ ]  No This exception has been granted to me previously. |
| **Type of Placement (check all that apply):** |
| [ ]  Relative[ ]  Sibling[ ]  Previous Existing Relationship | [ ]  Emergency[ ]  Future | [ ]  Minor Parent/Minor Child[ ]  Other       |
| **Rationale for each request. If additional space is needed, use additional sheets. Please provide:**The name(s), age(s), gender(s), and need(s), of all persons receiving care that reside in the home. Include who is currently placed in the foster home, the foster parent’s biological/adoptive child, a child under a guardianship, or an adult receiving care in the home. Provide the permanency goal and identified permanent resource, if applicable, for any child currently placed in out-of-home care.      |
| The age(s), gender(s) and need(s) of the child(ren) to be placed in the home. Provide the permanency goal and identified permanent resource, if applicable.      |
| A description of the sleeping arrangements for all household members and attach a copy of the home layout with identification of who is sleeping where.      |
| A description of the increased support the licensing, supervising, and/ or placing agency will provide to the home.      |
| A description of the capacity of the foster parent(s) to provide care to all persons in the household, including any children to be placed.      |
| A description of efforts made to locate an alternative placement, including relative or like-kin placement.      |
| Any additional information for consideration (optional).      |
| Notification to agencies with current placements in the home has been completed. [ ]  Yes [ ]  No Are these agencies in agreement to additional placements in the home? [ ]  Yes [ ]  No |
|  |       |  |       |  |
|  | **SIGNATURE –** Applicant / Licensee |  | Date Signed |  |
| Name – Licensing Agency      | Telephone Number      |
| Full Name – Agency Representative      |
| Recommendation of licensing agency: |
|  | [ ]  Approve application as is[ ]  Approve licensing agency alternative[ ]  Deny request | [ ]  Forward to DCF Exceptions Panel[ ]  Describe the alternative on an attached document and forward to DCF Exceptions Panel[ ]  Return to Foster Home Applicant / Licensee and do not forward to Exceptions Panel |
| If approved, for what time period?  |       | to |       | (Shall not exceed the period of licensure) |
|  | (mm/dd/yyyy) |  | (mm/dd/yyyy) |  |
|  |       |  |       |  |
|  | **SIGNATURE –** Agency Representative |  | Date Signed |  |
| **FOR DEPARTMENT USE ONLY** |
| Decision of DCF Exceptions Panel: |
|  | [ ]  Approve application as is[ ]  Approve application with changes specified below[ ]  Approve licensing agency alternative | [ ]  Deny request[ ]  Does not require DCF Exceptions Panel approval |
| Comments:      |
| If approved, for what time period?[ ]  Current License **or** [ ]  |       | to |       | (Shall not exceed the period of licensure) |
|  | (mm/dd/yyyy) |  | (mm/dd/yyyy) |  |
|  |       |  |       |  |
|  | **SIGNATURE** – Exceptions Panel Chairperson |  | Date Signed |  |