

**EXCEPTIONS PANEL PLACEMENT OF A NON-TREATMENT CHILD
 HFS 38.10 and HFS 38.12
 Additional Information Request**

Use of form: Completion of this form is mandatory. The form is to be used by an applicant for a specific exception to provide information necessary for the Department of Health and Family Services (DHFS) Exceptions Panel to make an informed decision about whether or not to approve the exception request. Section HFS 38.02(2)(d), Adm. Code, states: "An applicant or licensee wanting an exception to a requirement in s. HFS 38.10 or 38.12, or an exception to the exclusion of a shift-staffed facility from the definition of "treatment foster home" in s. HFS 38.03(2) shall submit a request to a department exceptions panel on a form provided by the department." The consequence for not using the form would be a denial of the exception request by the DHFS Exceptions Panel.

CHILD(REN)

	Name	Birthdate (mm/dd/yyyy)	Date of Placement in the Treatment Foster Home (actual or proposed) (mm/dd/yyyy)
1.			
2.			
3.			
4.			

SAFETY AND COMPOSITION OF THE TREATMENT FOSTER HOME

- A. How many treatment foster children are currently receiving care in this home?
 0 1 2 3 4
- B. How many other children or adults receiving care are currently residing in this home?
 0 1 2 3 4 5 +
- C. Given the number and needs of other children or adults receiving care in this home, indicate whether there are any safety concerns or issues concerning the placement or care of the "non-treatment" foster child or any other resident of the home.
- D. If there are or were concerns or issues relating to child safety in the treatment foster home, include information about how those safety issues are currently or were previously addressed.

PERMANENCE

Child No. (See above)	Permanence Goal	Concurrent Permanence Goal	Anticipated Date That Permanence Will Be Achieved (mm/dd/yyyy)	If TPR / Adoption is the permanence goal, is this family the adoptive resource?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

WELL-BEING

Explain why the child's placement in this treatment foster home is the most appropriate placement.