

**EXCEPTIONS PANEL SECOND LICENSE APPLICATION**  
**DCF 56.04(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 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.

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

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

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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?

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

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**II. INTERACTION OF FOSTER CHILDREN WITH GROUP HOME RESIDENTS**

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

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

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**III. LICENSING HISTORY OF THE FOSTER PARENT OR APPLICANT**

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A.  Yes  No Has the foster parent or applicant previously been licensed as a 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"/> Group home	From _____	To _____
<input type="checkbox"/> Foster home	<input type="checkbox"/> Group home	From _____	To _____
<input type="checkbox"/> Foster home	<input type="checkbox"/> Group home	From _____	To _____

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B.  Yes  No Are or have there been any significant issues relating to child safety or licensing concerns?  
If 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.

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

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