**DCF Exception Panel Application**

**Exception Request to Ch. DCF 56**

**(Foster Home Licensing)**

**Use of form:** Use of this form is required when applying to the DCF Exceptions Panel for agencies that do not have access to 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). If requesting multiple exceptions to the rule, the agency must include request on a separate document. The panel will make an individual decision for each exception request.

**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. Do not include more than one administrative code citation on each form.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name – Foster Home / Treatment Foster Home Applicant / Licensee | | | | | | | | | | | | | | | | | | |
| Address – Applicant / Licensee (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | |
| Telephone Number – Primary | | | | | | | | | | Telephone Number – Secondary | | | | | | | | |
| **Administrative Code Rule Citation for which exception is requested.**  \*\*One admin rule citation per form\*\* | | | | | | | | | | | | | | | | | | |
| Yes  No This exception has been granted to me previously.  Yes  No Is this a request for a child specific relative or like-like foster home license? | | | | | | | | | | | | | | | | | | |
| **Rationale for exception request.** Licensing professional narrative (include rationale for exception/waiver request). Include all pertinent and relevant information for this request.  Please reference **“Foster Home Licensing: Frequently Asked Questions for Foster Care Exception Requests”** document on the Child Welfare Worker Portal under Foster Care Forms- Foster Parent Licensing, for guidance on what information to include in this request. If additional space is needed, use additional sheets. | | | | | | | | | | | | | | | | | | |
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|  | | | **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 | |  |