**DCF Application**

**Exception Request to CH. DCF 50**

**(Public Adoption Home Study)**

Use of form: Use of this form is a requirement to request an exception to provisions in [Ch. DCF 50.05(8)](https://docs.legis.wisconsin.gov/document/administrativecode/DCF%2050.05(8)), Facilitating Public Adoptions and Adoption Assistance. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The Public Adoption Professional must complete all sections below and submit to their supervisor. After completing the form, the Public Adoption Supervisor will submit the request to the Adoption and Post-Permanency Supports Section at [DCFDSPPublicAdoptionAgencyRequest@wisconsin.gov](mailto:DCFDSPPublicAdoptionAgencyRequest@wisconsin.gov) for approval or denial for the requested exception(s).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Agency Information** | | | | | | | | | | |
| Public Adoption Agency Name | | | | | Public Adoption Agency Region  Eastern  Southern  Western  Milwaukee | | | | | |
| Public Adoption Professional Full Name | | | | | | Public Adoption Professional Phone Number | | | | |
| **Section 2: Case Information** | | | | | | | | | | |
| Applicant 1 Full Name | | | | Applicant 2 Full Name | | | | | eWiSACWIS Provider ID | |
| Child(ren) Full Name | | | | | | eWiSACWIS Case ID(s) | | | | |
| Yes | No | | Is the applicant(s) a relative of the child(ren)? If **YES**, describe relationship: | | | | | | | |
| **Section 3: Exception Information** | | | | | | | | | | |
| If an administrative code is labeled with a \*, it must be approved by the Adoption and Post-Permanency Supports Section Manager or another designee. | | | | | | | | | | |
| DCF 50.05(1)(a) | | Applicants have not been married for at least one year. | | | | | | | | |
| DCF 50.05(6)(c) | | Applicant(s) have limited ability to provide adequate financial support for the child(ren). | | | | | | | | |
| DCF 50.05(6)(h) | | Applicant(s) are unable to have a medical examination within 6 months of application. | | | | | | | | |
| DCF 50.05(7)(a) | | Applicant(s) have physical or mental health concerns that may impact care of the child(ren). | | | | | | | | |
| DCF 50.05(7)(c)\* | | Applicant(s) does not meet the requirements of a Level 2 or above certification under DCF 56. | | | | | | | | |
| DCF 50.05(7)(d)\* | | Applicant(s) are providing care to more than 8 persons in the home. | | | | | | | | |
| DCF 50.05(7)(e) | | Applicant(s) have a child in out-of-home care or state treatment facility under s. 51.01(15), Stats. | | | | | | | | |
| DCF 50.05(7)(f)\* | | Applicant(s) have had parental rights to a child terminated. | | | | | | | | |
| Other | |  | | | | | | | | |
| Rationale for exception request: The Public Adoption Professional should include all pertinent and relevant information for this request. If additional space is needed, use additional sheets. | | | | | | | | | | |
| **Section 4: Public Adoption Supervisor Approval** | | | | | | | | | | |
| Approve Request  Deny Request | | | | | | | | | | |
| Public Adoption Supervisor Comments: | | | | | | | | | | |
|  | | | | | | |  |  | |
| Public Adoption Supervisor’s Signature | | | | | | |  | Date Signed (mm/dd/yyyy) | |
| **Section 5: DCF Adoption and Post-Permanency Supports Section Approval** | | | | | | | | | | |
| Approve Request  Deny Request | | | | | | | | | | |
| APPS Representative Comments: | | | | | | | | | | |
|  | | | | | | |  |  | |
| DCF APPS Representative’s Signature | | | | | | |  | Date Signed (mm/dd/yyyy) | |
| I confirm as the APPS Section Manager that I approve this request regarding the following DCF administrative code:  DCF 50.05(7)(c)\*  DCF 50.05(7)(d)\*  DCF 50.05(7)(f)\* | | | | | | | | | | |
|  | | | | | | |  |  | |
| DCF APPS Section Manager’s Signature | | | | | | |  | Date Signed (mm/dd/yyyy) | |