

**APPLICATION TO DCF EXCEPTIONS PANEL
FOR EXCEPTION TO CH. DCF 56
(FOSTER HOME LICENSING)**

Name – Foster Home / Treatment Foster Home Applicant / Licensee

Address – Applicant / Licensee (Street, City, State, Zip Code)

Telephone Number – Home

Telephone Number – Work

Fax Number

Rule Citations(s) for Which Exception is Requested

Rationale for each request. If additional space is needed, use additional sheets.

Yes No This exception as been granted to me previously.

Explanation of alternative provisions for each request. If additional space is needed, use additional sheets.

SIGNATURE – Applicant / Licensee

Date Signed

Name – Licensing Agency

Name – Agency Representative

Telephone Number

If recommendation of licensing agency is:

- 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

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 additional space is needed, use back of form.

SIGNATURE – Panel Chairperson

Date Signed

The approved exception is granted for the period of: Current licensure or _____ to _____

Submit completed form to: DCF Exceptions Panel
DCF/DSP – Room E200
P.O. Box 8916
Madison, WI 53708-8916