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  ☐ Forward to DCF Exceptions Panel
☐ Approve licensing agency alternative  ☐ Describe the alternative on an attached document and forward to DCF Exceptions Panel
☐ Deny request  ☐ Return to Foster Home Applicant / Licensee and do not forward to Exceptions Panel

If approved, for what time period?  (Shall not exceed the period of licensure)

(______/______/______)  to  (______/______/______)

_________________________________________  ___________________________
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