# Application to DCF Exceptions Panel for Exception to Foster Parent Training Requirements

**Use of form:** Use of this form is required in Ch. DCF 56.14 when applying to the DCF Exceptions Panel for an exception to the foster parent training requirements. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Name – Foster Home Applicant(s) / Licensee(s)

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

Telephone Number(s) – Home

Telephone Number(s) – Work

Telephone Number(s) – Cell

<table>
<thead>
<tr>
<th>Rule Citations(s) for Which Exception is Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale for each request.</td>
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</table>

If requesting an exception to Ch. DCF 56.14(5), check each training modality for which an exception is being requested. After each modality, explain the rationale for the request, including how the competencies for the training will be met.

- [ ] Pre-Placement Training
- [ ] Initial Licensing Training
- [ ] Ongoing Training

**SIGNATURE** – Applicant / Licensee

Date Signed

<table>
<thead>
<tr>
<th>Name – Licensing Agency</th>
<th>Name – Agency Representative</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

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? (mm/dd/yyyy) to (mm/dd/yyyy) (Shall not exceed the period of licensure)

**SIGNATURE** – Agency Representative

Date Signed

<table>
<thead>
<tr>
<th>Decision of DCF Exceptions Panel:</th>
</tr>
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<tbody>
<tr>
<td>[ ] Approve application as is</td>
</tr>
<tr>
<td>[ ] Approve licensing agency alternative</td>
</tr>
<tr>
<td>[ ] Deny request</td>
</tr>
<tr>
<td>[ ] Approve application with changes specified below</td>
</tr>
<tr>
<td>[ ] Does not require DCF Exceptions Panel approval</td>
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</tbody>
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Comments.

**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