



# FACILITY WAIVER



Attach a copy of the facility's current census.

Date of Waiver Request:

Date of Placement:

Shelter Facility

Name of Requestor:

Residential Group

### Facility Information:

Name:

Address:

City:  State:  Zip Code:

FSFN ID:

### License Information:

Capacity:

Age:

Gender:

Expiration:

### Child(ren) for Whom this Waiver is being requested:

Name:  Age:  Gender:  Relationship:

Name:  Age:  Gender:  Relationship:

Age Waiver

Gender Waiver

Capacity Waiver

### Staffing Ratios and Facility Requirements: (Information to be obtained from facility.)

- When children in the facility are age 6+ awake supervision is 1:6/ Sleep supervision is 1:12
- Under age 6 or SED/ profoundly mentally retarded/ physically handicapped, awake supervision 1:4/ sleep supervision is 1:6.
- Shelters accepting both male and female children ages 12 and up, shall ensure that both male and female staff are on duty thus allowing for the child age 12 or older to have the same gender staff member present.
- Intake/Placement Specialist has discussed staffing ratios with the facility.
- There are no more than 4 children per bedroom and at least 50 sq feet per occupant.

Number of Children currently placed:  Number/type of beds available:

Sleeping Arrangements for waived child(ren):

**Why this facility? Describe contact with the facility and services that will ensure that the child's needs are met while placed in this facility. Discuss how long the waiver will be needed and the plan to eliminate the need for the waiver.**

Waiver Begin Date:

Waiver End Date:

Name & Date of Facility Contact:

### Approvals: (Sign and Date)

Intake/Placement Specialist:

Placement Supervisor:

Intake/Placement Director:

DCF Regional Licensing: