

Maximum Capacity or Ratio Variance Request Form

Child Foster Care

Foster parent completes this section Foster parent completes this section

FOSTER PARENT NAME(S)	DATE OF REQUEST
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ADDRESS

REQUEST IS TO EXCEED

CURRENT LICENSE CAPACITY	REQUESTED LICENSE CAPACITY
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NUMBER OF CHILDREN CURRENTLY LIVING IN THE HOME	NUMBER OF ADULTS CURRENTLY LIVING IN THE HOME
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Reason for requesting a variance (At least one is required in order to consider a variance)

THE VARIANCE IS NEEDED TO ALLOW:

- A PARENTING YOUTH IN FOSTER CARE TO REMAIN WITH THE CHILD OF THE PARENTING YOUTH
- SIBLINGS TO REMAIN TOGETHER
- A CHILD WITH AN ESTABLISHED MEANINGFUL RELATIONSHIP WITH THE FAMILY TO REMAIN WITH THE FAMILY
- A FAMILY WITH SPECIAL TRAINING OR SKILLS TO PROVIDE CARE TO A CHILD WHO HAS A SEVERE DISABILITY

All of the remaining criteria must also be met

THERE IS NO RISK OF HARM TO A CHILD CURRENTLY IN THE HOME (YES OR NO)

THE STRUCTURAL CHARACTERISTICS OF THE HOME, INCLUDING SLEEPING SPACE, ACCOMMODATES ADDITIONAL FOSTER CHILDREN (YES OR NO)

THE HOME REMAINS IN COMPLIANCE WITH APPLICABLE ZONING, HEALTH, FIRE, AND BUILDING CODES; AND (YES OR NO)

THE STATEMENT OF INTENDED USE SPECIFIES CONDITIONS FOR AN EXCEPTION TO CAPACITY LIMITS AND SPECIFIES HOW THE LICENSE HOLDER WILL MAINTAIN A RATIO OF ADULTS TO CHILDREN THAT ENSURES THE SAFETY AND APPROPRIATE SUPERVISION OF ALL THE CHILDREN IN THE HOME (ATTACH COPY) (YES OR NO)

INITIALS & DATE OF BIRTH OF CHILD/CHILDREN TO BE PLACED	DATE OF ANTICIPATED PLACEMENT
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SIGNATURE OF FOSTER PARENT (ONE SIGNATURE REQUIRED)	DATE
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Licensing worker completes this section (foster parents do not write in this section)

Describe any behaviors or potential risks to children currently living in the home. Consider all of the children, including the foster parent's own children. If there is no risk, write "none."

Describe the general structure of the home, where all foster children sleep, and indicate any concerns.

Describe any concerns regarding applicable zoning, health, fire, and building codes. Attach any relevant documentation. If no concerns, write "none."

The statement of intended use has been reviewed, includes all required information and is approved by the licensing agency

All of the above criteria must be satisfied in order to approve a capacity or ratio variance

The variance is

Approved

Denied

The variance is approved with the following terms (be specific and clear regarding the expectations of the family)

Begin date of variance

End date of variance

Signature of licensing worker

Date approved
