

SERVICES POST-MAJORITY YOUTH EXCEPTION TO POLICY WAIVER

DCF-2098

4/2023 (New / DRAFT)



Child's Last Name:	Child's First Name:	DOB:	Case Link #:
Social Worker:	Work/Cell Phone:		Area Office:
Social Work Supervisor:		Work / Cell Phone:	
Program Supervisor:		Office Director:	

SPM Policy Exception Waiver request for the following:

- ☐ Youth is 21 (statutory exception only)
- ☐ Time Off Approved Programming (Ex. Medical / MH / SU Treatment / Maternity)
- ☐ Other

***** Attach required memo *******APPROVALS**

Position:	Signature:	Date:
Program Supervisor:		
Office Director:		
Assistant Chief:		
CW Bureau Chief:		
TSS Administrator:		
Commissioner:		