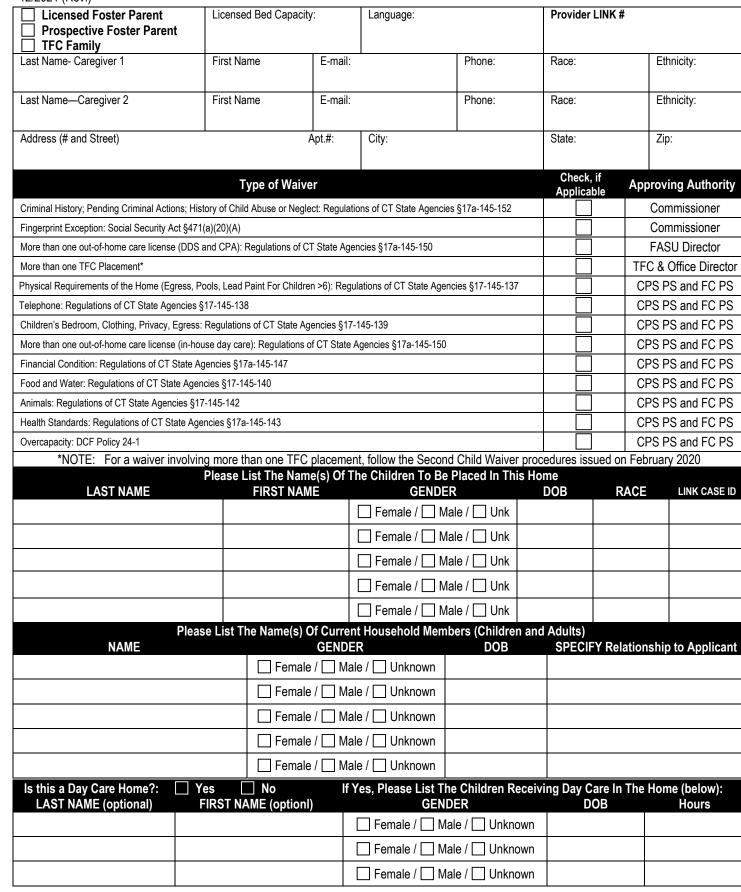
State of Connecticut Department of Children and Families FOSTER CARE LICENSING PLACEMENT WAIVERS REQUEST FORM DCF-009

0.01	000	
12/20)21	(Rev.)





EXISTING WAIVERS WAIVER REASON

LENGTH OF TIME OVERCAPACITY/WAIVER IS GRANTED FOR		WEEKS OR Permanent Overcapacity: 🔲 Y	es 🗌 No
Position	REQUIRED SIGNATURES (a Name	as applicable): Signature	Date
FC PS			
FC PS			
CPS PS			
CPS PS			
TFC Agency Representative			
Office Director (if unavailable, Assistant Chief or Designee)			
FC or Clinical Program Director			
Statewide Director of Foster Care			
Commissioner (if unavailable, Deputy Commissioner)			

PLAN TO REDUCE OVERCAPACITY

NOTE: Any request involving more than one Region requires a discussion between both Regional teams before placement occurs.