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| --- | --- |
| Shape  Description automatically generated with medium confidence | LICENSING DIVISION (LD)**Kinship Respite Overcapacity****WAC 110-148-1390** |
| REQUESTOR’S NAME AND TITLE | DATES REQUESTEDSTART:  END:  |
| REQUESTOR’S LOCAL OFFICE | CHILD’S CASEWORKER |
| PROVIDER NAME BRS HOME? [ ]  YES [ ]  NO | PROVIDER NUMBER |
| LD STAFF NAME | CHILD PLACING AGENCY STAFF NAME |
| **Justification for Overcapacity Request** |
| Explain the justification for this request: |
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|  |
|  |
| **Children** |
| List names and ages of ALL children in the home. This includes children of the Kinship Caregiver. Note name(s) of children for whom approval is requested with an **asterisk** (\*). Please be specific when listing and describing the behavior concerns. If Physically Assaultive/Aggressive Youth (PAAY) or Sexually Aggressive Youth (SAY), attach supervision plan. |
| NAME | AGE | GENDER IDENTITY | BEHAVIORAL CONCERNS (INCLUDE PAAY OR SAY DESIGNATIONS. NOTE N/A IF NONE.) |
| 1.  |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| 4.  |  |  |  |
| 5.  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 7.  |  |  |  |

*(Copy and paste rows as needed)*

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| **Training and Supervision** |
| **Notice: Licensor will verify that there are no open provider actions which may cause the overcapacity to not be approved**. Has the Kinship Caregiver(s) taken PAAY and SAY training if child being placed meets these criteria? **[ ]**  Yes **[ ]**  No **[ ]**  N/AHas the Kinship Caregiver(s) had PAAY and SAY training if any children in their care have these behaviors? Both Licensees in a two-parent household must have the required training.1. PAAY: **[ ]**  Yes **[ ]**  No **[ ]**  N/A
2. SAY: **[ ]**  Yes **[ ]**  No **[ ]**  N/A

Have supervision plans been agreed to by the Kinship Caregiver(s), child’s caseworker, and reviewed and signed off by the caseworker’s supervisor? **[ ]**  Yes **[ ]**  No **[ ]**  N/A |
|  **Kinship Home** |
| Describe bedroom space and sleeping arrangements in the home to accommodate the overcapacity. |
| **Approvals** |
| CASEWORKER OR DESIGNEE SIGNATURE (Required) | DATE |
| **[ ]**  Endorsed **[ ]**  Not Endorsed | COMMENTS |
| LD STAFF SIGNATURE (Required +1 or above) | DATE |
| **[ ]**  Endorsed **[ ]**  Not Endorsed | COMMENTS |
| LD SUPERVISOR SIGNATURE (Required +1 or above) | DATE |
| **[ ]**  Approved**[ ]**  Not Approved | COMMENTS |
| LD AREA ADMINISTRATOR SIGNATURE (Required +3) | DATE |
| **[ ]**  Approved**[ ]**  Not Approved | COMMENTS |
| CHILD PLACING AGENCY STAFF SIGNATURE (Required if Applicable) | DATE |
| **[ ]**  Approved**[ ]**  Not Approved | COMMENTS |