



Licensing Waiver/Administrative Approval/Relative Non-Safety Exemption

PROVIDER NAME	PROVIDER NUMBER	DATE OF REQUEST
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LICENSOR	OFFICE NAME	TELEPHONE NUMBER
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NOTE: See the 5120. Licensing Foster Homes Policy and the Licensing Division Administrative Approval, Waiver, Relative Non-Safety Exemption and Overcapacity Tip Sheet for further information on the use of Administrative Approvals, Waivers, and Relative Non-Safety Exemptions.

GENERAL FOSTER CARE, GROUP CARE FACILITIES, OR CHILD PLACING AGENCIES (CPA)

<input type="checkbox"/> Administrative Approval OR <input type="checkbox"/> Waiver AND <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Care Facility <input type="checkbox"/> CPA	WAC REFERENCE	
	EFFECTIVE DATES From:	To:

LICENSED RELATIVE NON-SAFETY EXEMPTIONS

<input type="checkbox"/> Relative Non-Safety Exemption	SELECT ONE OPTION: <input type="checkbox"/> Ongoing Exemption <input type="checkbox"/> Effective Dates: From: To:
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- SELECT APPLICABLE NON-SAFETY EXEMPTION(S):**
- WAC 110-148-1330 (2b)** Dual license capacity. NOTE: Specify below the child care and foster care capacities, hours of operation and which children will be present at the different times of the day, staffing ratios, licensed space, and ages of children.
 - WAC 110-148-1365 (1, 2b):** Applicants must be at least 18 years of age to apply for a license and income requirement may be exempted
 - WAC 110-148-1370 (3)** Applicants may be eligible for DCYF funding to pay for recommended evaluations
 - WAC 110-148-1445 (2)** An alternate plan, such as usage of bottled water until their well is approved
 - WAC 110-148-1470 (1-6)** Bedroom requirements. NOTE: If exempting WAC 110-148-1470 (5) a DCYF 10-419 Licensing and Safety Supervision Plan for Site Specific Conditions is required.
 - WAC 110-148-1475 (1-4, 6)** Bedroom sharing
 - WAC 110-148-1525 (1b)** Education home schooling

SPECIFICS ABOUT THE REQUEST

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JUSTIFICATION FOR REQUEST

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OTHER ADMINISTRATIVE APPROVALS AND WAIVERS ASSOCIATED WITH THIS PROVIDER

WAC	SPECIFIC NATURE OF REQUEST	DATES	
		FROM	TO

FOR FOSTER HOMES: ALL CHILDREN IN HOUSEHOLD

NAME OF CHILD	DATE OF BIRTH	BEHAVIORAL, SUPERVISION ISSUES, OR SPECIAL ACCOMMODATIONS	SUPERVISION PLAN	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**CHILD WELFARE PROGRAMS (CWP)
ACKNOWLEDGEMENT FOR WAIVERS THAT PRECLUDE FEDERAL IV-E MATCH**

REGIONAL ADMINISTRATOR OR DESIGNEE NAME	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A
REGIONAL ADMINISTRATOR OR DESIGNEE SIGNATURE	DATE
COMMENTS	

LICENSING APPROVAL REVIEW AND SIGNATURE

LICENSING DIVISION SUPERVISOR NAME	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
LICENSING DIVISION SUPERVISOR SIGNATURE	DATE
LICENSING DIVISION AREA ADMINISTRATOR NAME	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
LICENSING DIVISION AREA ADMINISTRATOR SIGNATURE	DATE
LICENSING DIVISION FOSTER CARE SENIOR ADMINISTRATOR NAME	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A
LICENSING DIVISION FOSTER CARE SENIOR ADMINISTRATOR SIGNATURE	DATE
FOR DUAL LICENSES: SECOND AGENCY NAME	
ADMINISTRATOR NAME	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A
ADMINISTRATOR SIGNATURE	DATE