

Early Intervention Provider Agency (EIPA)
Family Resources Coordinator (FRC) Caseload Waiver Request

The purpose of this form is to document the request for, and status of, a time-limited FRC caseload waiver. This form must be completed by the EIPA requesting the waiver and sent to ESIT.Reports@dcyf.wa.gov for approval.
All EIPAs in a CLA area (King, Pierce, Snohomish, Spokane) will submit requests directly to the CLA.

Date: _____ CLA: _____

EIPA name: _____

Timeframe requested: _____

Current FTE FRC Caseload(s): _____

Number of FRCs over the limit: _____

Reason for request: _____

Plan to come into compliance with FRC maximum allowable caseload of no more than 65 active IFSPs per 1.0 FTE FRC: _____

Review Considerations:

- Root cause(s) identified
- Length of waiver
- Feasibility of plan to come into compliance
- Number of prior requests
- Systemic issues addressed

CLAs Only

Recommendation: Approve _____ or Deny _____

Signature

Date

