

**Treatment Foster Care Bed Capacity Exception Request
Local Department Recommendation – Caseworker of Exception Child**

Exception Child Name: _____ DOB: _____
Child Placement Agency: _____
Treatment Foster Parent(s): _____

Please detail why the Exception is being requested for this child:

What makes this child eligible for treatment foster care?

Is the child a sibling of another child placed in the treatment foster home?

Yes Sibling name: _____
 No

Have other placements been sought for this child?

Yes
Reasons why other placements not chosen: _____
 No

Why would placement in another treatment foster home or other foster care placement not be more appropriate for this child?

What are your expectations of responsibilities and services for the above-referenced foster child if placed in this treatment foster home?

As the local department caseworker for _____, the foster child for which the Exception to place in the home of the above-referenced treatment foster parents is being sought, I

- Support an Exception for the placement of the above-referenced child in the home.
 Do Not Support an Exception for the placement of the above-referenced child in the home.

Reasons and/or Comments:

Local Department Caseworker:

Date:

Local Department Supervisor:

Date:

