**CHILD WELFARE REQUEST FOR EXCEPTION - AGE**

**Use of form:** This form is mandatory and is to be utilized when placement of a child outside of the parameters of the license is desired (for example, when wanting to place an 11 year old in a facility that is only licensed to accept children ages 12-17) or when placement of a child outside of the permitted age span is desired (for example, when wanting to place an 11 year old in a group home that already has a 16 year old in placement). This form meets the requirements of DCF 52.02(2), 57.02(2) and 59.01(4) of the Wisconsin Administrative Codes. **This exception is valid for the identified child only.** If you fail to comply with the conditions of the exception, the exception will be rescinded, and you will be issued a Noncompliance Statement; enforcement action is possible. Personal information you provide may be used for secondary purposes [Privacy Law, s 15.04(1)(m), Wis. Stats].

**Instructions:** The licensee shall complete the top section, including signature and date, and submit the form to the licensing specialist. The licensing specialist shall complete the “For Department Use Only” section, sign and date the form and send a completed copy to the licensee. If additional space is required, attach separate sheets. For group homes, the licensing specialist will also complete the Child Welfare Exception Granted form (DCF-F-5024-E). **All approved exceptions for group homes must be posted next to the license.** Note: If the licensee wants any changes to the existing conditions, a new request must be submitted to the Department for approval.

|  |  |  |  |
| --- | --- | --- | --- |
| Name – Facility | | Facility ID Number | |
| Address – Facility (Street, City, State, Zip Code) | | Telephone Number | |
| Applicable Rule Number(s) for which you are requesting an exception | | | |
| Existing Situation – Specify | | | |
| **The following information is needed prior to this exception being considered (consult with the placing social worker):** | | | |
| Describe the placement options that have been explored for this youth and why this placement is best for this child. (Placement resources that would not require an exception must be explored prior to an exception being granted.) | | | |
| Provide the dates of birth and dates of placement of all youth currently residing in the placement setting/unit. | | | |
| Describe the treatment needs of the child to be placed and how the treatment needs of the child fits with the treatment needs of the other residents, given their age, maturity, and development. | | | |
| Provide information regarding sleeping arrangements in the facility and any accommodations that will be made as a result of the exception. | | | |
| Provide the anticipated length of stay. | | | |
| Name – Licensee / Authorized Representative (Type / Print) | | | |
| Telephone Number (if different from facility number) | | | |
| **SIGNATURE** – Licensee / Authorized Representative | | | Date Signed (mm/dd/yyyy) |
| **FOR DEPARTMENT USE ONLY** | | | |
| Licensing Specialist Action:  Approve  Deny | Dates of Approval:       to | | |
| Reason for Action – Specify. | | | |
| Conditions to Approval – Specify. | | | |
| **SIGNATURE** – Licensing Specialist | | | Date Signed (mm/dd/yyyy) |