

FOSTER CARE PLACEMENT EXCEPTION REQUEST

Michigan Department of Human Services

Date Completed:

County:

SECTION I is Mandatory For All Types of Exception Requests

CHECK ALL THAT APPLIES – Type(s) of Placement Exception Request Being Made:

- Exceeds 75 Miles (Section IIa)
- Emergency or Shelter Care Placement more than once in a 12 month period, or exceeding 30 days (Section IIb)
- More than three children under the age of 3 (Section III)
- More than six total children (Section III)
- More than three foster care children (Section III)

I. CASE INFORMATION (mandatory section)

Child's Name		Date of Birth	
Legal Status			
Federal Permanency Goal			
Date entered care	Anticipated date for requested placement	SWSS FAJ Log ID	Case Number
Supervising Agency <input type="checkbox"/> DHS Direct <input type="checkbox"/> Private Agency Name:			
Child's Name		Date of Birth	
Legal Status			
Federal Permanency Goal			
Date entered care	Anticipated date for requested placement	SWSS FAJ Log ID	Case Number
Supervising Agency <input type="checkbox"/> DHS Direct <input type="checkbox"/> Private Agency Name:			
Foster Parent/Relative/Caregiver Name(s) as listed in SWSS FAJ	Ages	Foster Parent/Relative License Number, if applicable as listed in SWSS FAJ	
Foster Parent/Relative Provider ID as listed in SWSS FAJ			
Address of perspective placement			

IIa. PLACEMENT EXCEEDING 75 MILES:

Reason(s) for this placement (check all that apply): <input type="checkbox"/> The child's needs are so exceptional that they cannot be met by a family within the 75 mile radius; <input type="checkbox"/> The child needs replacement and the child's permanency goal is to be returned to his/her parent(s) who at this time reside out of the 75 mile radius; <input type="checkbox"/> The child is to be placed with a relative/sibling out of the 75 mile radius; <input type="checkbox"/> The child is to be placed in an appropriate pre-adoptive or adoptive home that is out of the 75 mile radius.
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IIb. EMERGENCY FACILITY OR SHELTER HOME PLACEMENT:

Reason for this placement:

- Second placement within 12 months.
 Exceeding 30 days, but less than 45 days. Reason: _____

III. NUMBER OF CHILDREN IN THE FOSTER HOME

The following section must be completed for children residing in licensed or unlicensed homes.

Current License Capacity, if applicable	Foster Home License Modification Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Has modification request been sent to BCAL? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Children Currently Placed and Children Requesting to be Placed in this Foster Home						
Name	Age	Gender	Number of Months Residing in Home	Relationship to Foster Parent	Special Needs (Yes or No)	Anticipated Date of Replacement

1. Define the special needs (i.e. DOC level, adoption subsidy, etc.) of children residing in the home or of the children anticipated to be placed within the home, and specify time required daily to address these special needs.

2. Name and ages of all adult household members.

3. Support systems of the caregiver(s) (i.e. family, friends, community, etc. able to offer assistance).

4. Parenting difficulties since last placement (i.e. delinquent children in the home, caregiver's mental/physical health issues, and behavioral problems). Significant changes or stressors (i.e. loss of employment, death or illness in the family, anything affecting caregiver's capacity to care for a child) since last placement.

5. Disposition of CPS and/or foster home licensing complaints.

6. Provide a narrative outlining the substantial reason(s) for making this exception request. This narrative must be case specific and inclusive of the best interest of the child(ren) being placed (i.e. siblings together, relatives, reunification, etc.)

7. List all attempts to locate other placements not requiring an exception request, including agency name and date.

IV. SIGNATURES REQUIRED FOR SUBMISSION

Caseworker Name	Caseworker Signature	Date
Supervisor Name	Supervisor Signature	Date

DHS Monitor Supervisor Name (if applicable)	DHS Monitor Supervisor (if applicable) Signature	Date
Section Manager Name(if applicable)	Section Manager (if applicable) Signature	Date
District Manager Name(if applicable)	District Manager (if applicable) Signature	Date

V. County Director – Decision

<input type="checkbox"/> Approved <input type="checkbox"/> Approved with the following conditions: <input type="checkbox"/> Denied due to the following circumstances:	 <hr/>
Child Welfare Director/County Director Signature	Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

cc: Local DHS Director
Private Agency (if applicable)