

**Commonwealth of Kentucky**  
 Cabinet for Health and Family Services  
 Department for Community Based Services  
 Division of Protection and Permanency

**Private Child-Placing Agency Placement Exception Request**

Date: \_\_\_\_\_ Foster Parent Name: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

List information for each child for which the placement exception is being requested.

Name	DOB/Age/ Sex	Placement Date (Proposed or Actual)	Diagnosis	Case Number	DCBS SSW	Region of Case Origin	Region of Proposed Placement

Child(ren) designated as medically complex?  Yes  No If yes, list name: \_\_\_\_\_  
 \_\_\_\_\_

List information for each child presently residing in the home, including the foster parent's children

Name	DOB/Age/ Sex	Diagnosis	Case Number	DCBS SSW	Region of Case Origin	Relation to Foster Parent

Child(ren) designated as medically complex?  Yes  No If yes, list name: \_\_\_\_\_  
 \_\_\_\_\_

**Private Child-Placing Agency Placement Exception Request**

**Type of Exception (check all that apply)**

- A foster home with more than six (6) children, including the foster parent's own children.
- A foster home with more than two (2) children under age two (2), including the foster parent's own children.

***Medically Complex***

- A foster home with more than four (4) children, including the foster parent's own children, that provides medically complex care.
- A foster home with more than four (4) children, including the foster parent's own children, with two (2) or more being therapeutic or medically complex.
- A one (1) parent medically complex home caring for more than one (1) child with medical complexity.
- A two (2) parent medically complex home caring for more than two (2) children with medical complexity.
- Placing a child with medical complexity in a placement other than an approved medically complex home. \*\* (DPP director or designee signature is required)
- Primary care provider of a child with medical complexity working outside the medically complex home. \*\* (DPP director or designee signature is required)

***Therapeutic***

- A therapeutic home that cares for a child in the custody of the cabinet with more than four (4) children, including the foster parent's own children.
- A therapeutic home that cares for a child in the custody of the cabinet with more than two (2) therapeutic children.

**Reason for the Exception:**

- To accommodate a sibling group.
- To accommodate a parenting youth and their child.
- To allow placement of a child with an established meaningful relationship.
- Other. Please Explain: \_\_\_\_\_

1. Provide a clear description of the placement exception and provisions for increased supportive services for each child in the home to ensure that the placement for all children remains stable. Please note any safety issues and or concerns: \_\_\_\_\_

2. Describe the home's bedroom, bed space, and planned sleeping arrangements for both foster and birth or adoptive children: \_\_\_\_\_

3. Describe the family's plan for transportation in both daily activities and emergency circumstances: \_\_\_\_\_

4. Describe the placement history, notices, and disruptions with this home, including any prior exceptions: \_\_\_\_\_

**Private Child-Placing Agency Placement Exception Request**

5. If the exception for placing a child with medical complexity in a placement other than an approved medically complex home; answer the following:

a. Qualifications of foster parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Type of training the foster parents have received in order to care for this child, i.e., hospital staff, home health, previous foster parent. Date of infant, child, and adult CPR and first aid certification or plan to receive training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Date when the foster parents will complete DCBS medically complex foster care training: \_\_\_\_\_

d. Community supports/resources (home health referral, respite, consultation with managed care organization, nurse, foster parent support group) in place. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Attach supporting documentation including medical and/or therapeutic information. If the exception request is for a child with medical complexity, attach documentation of the child specific training received from a health professional. \_\_\_\_\_

7. Please note any areas of concern regarding this placement and plans to address those concerns: \_\_\_\_\_  
\_\_\_\_\_

8. Consultation among DCBS case managers of children currently placed in the home was attempted.  Yes,  No discuss any identified concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requesting DCBS Supervisor Name (Please Print) (County)

\_\_\_\_\_  
Requesting DCBS Supervisor (Signature) Date

APPROVED  DENIED

\_\_\_\_\_  
SRA or Designee of Placement Region (Please Print)

\_\_\_\_\_  
SRA or Designee of Placement Region (Signature) Date

APPROVED  DENIED

### Private Child-Placing Agency Placement Exception Request

If not the region of case origin, approval for exceptions must also be granted by the SRA or designee of the region carrying the case.

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
SRA(s) or designee(s) of Region carrying the case (Please Print)

APPROVED     DENIED

\_\_\_\_\_  
PCP Program/Treatment Director Name (Please Print)

\_\_\_\_\_  
PCP Program/Treatment Director (Signature)

\_\_\_\_\_  
Date

#### MEDICALLY COMPLEX

The approval/signature is required by DPP Director or designee if:

- a. Placing a child with medical complexity in a placement other than an approved medically complex home, and/or
- b. Primary care provider of a child with medical complexity working outside of the medically complex home

All signatures must be obtained prior to submission to DPP for approval.

\_\_\_\_\_  
DPP Director [or designee] Signature

\_\_\_\_\_  
Date

File completed DPP-112B in the case file of the foster parent, as well as that of each child placed in the home.