

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 or youth under age 21 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: _____

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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 on page 4)**
- Primary care provider of a child with medical complexity working outside the medically complex home. **** (DPP director or designee signature is required on page 4)**

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. List family strengths and describe what supports the PCC has in place for this home. Describe respite support. How far is this residence from a hospital emergency department? 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. List the make and model of each working vehicle and number of seats they each accommodate. If the child requires specialized car seat, which vehicle(s) will be used:

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

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 (and expiration date) 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. Has this placement been an approved medically complex home at any time in the past and if so, date originally approved and date last medically complex training was attended. Was the home closed at any point and if so, reason for closure: _____

8. Please note any areas of concern regarding this placement and plans to address those concerns: _____

9. Consultation among DCBS case managers of children currently placed in the home was attempted. Yes No discuss any identified concerns: _____

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Requesting DCBS Supervisor Name (Please Print) (County) APPROVED DENIED _____
Requesting DCBS Supervisor (Signature) Date

SRA or Designee of Placement Region (Please Print) APPROVED DENIED _____
SRA or Designee of Placement Region (Signature) Date

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.