



CHILDREN'S ADMINISTRATION

Division of Licensed Resources

Licensing Waiver/Administrative Approval

PROVIDER NAME		PROVIDER NUMBER	DATE OF REQUEST	
<input type="checkbox"/> Administrative Approval <input type="checkbox"/> Waiver <input type="checkbox"/> Relative <input type="checkbox"/> Non-relative <input type="checkbox"/> Facility		WAC REFERENCE		
		EFFECTIVE DATES From:	To:	
LICENSOR	OFFICE NAME		TELEPHONE NUMBER	
SPECIFIC NATURE OF REQUEST				
JUSTIFICATION FOR REQUEST				
OTHER ADMINISTRATIVE APPROVALS AND WAIVERS ASSOCIATED WITH THIS PROVIDER				
WAC	SPECIFIC NATURE OF REQUEST	DATES		
		FROM	TO	
FOR FOSTER HOMES: CHILDREN IN HOUSEHOLD				
NAME OF CHILD	DATE OF BIRTH	BEHAVIORAL CONCERN	SUPERVISION PLAN	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) ACKNOWLEDGEMENT FOR WAIVERS THAT PRECLUDE FEDERAL MATCH				
REGIONAL ADMINISTRATOR OR DESIGNEE SIGNATURE			DATE	
COMMENTS				
APPROVAL REVIEW AND SIGNATURE (Note if N/A)				
SUPERVISOR NAME			<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
SUPERVISOR SIGNATURE			DATE	
DIVISION OF LICENSED RESOURCES AREA ADMINISTRATOR NAME			<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
DIVISION OF LICENSED RESOURCES AREA ADMINISTRATOR SIGNATURE			DATE	

DIVISION OF LICENSED RESOURCES ADMINISTRATOR NAME	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
DIVISION OF LICENSED RESOURCES ADMINISTRATOR SIGNATURE	DATE
FOR DUAL LICENSES: SECOND AGENCY NAME	
ADMINISTRATOR NAME	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
ADMINISTRATOR SIGNATURE	DATE