



## ARIZONA DEPARTMENT OF CHILD SAFETY EXCESS CAPACITY REQUEST (GENERAL)

*The form shall be completed and submitted to OLR via email to [FHLDocs@azdcs.gov](mailto:FHLDocs@azdcs.gov).  
An incomplete form will be returned and may result in a delay in the process.*

### 1. FOSTER PARENT INFORMATION

<u>QCID License Number</u>	<u>Foster Parents' (last, first, m.i.)</u>			
<u>Parameters on License</u>	<u>Current Number of Placements</u>	<u>Current Number of Children in the Home (Total)</u>	<u>Current Age Range on License</u>	<u>Current Gender on License</u>
Restrictions <span style="float: right;">N/A</span>				

### 2. CHILD(REN) TO BE PLACED N/A

<u>Child's Name (last, first, m.i.)</u>	<u>Age</u>	<u>Gender</u>	<u>DCS Specialist</u>	<u>Child's Participant ID</u>	<u>Date of Birth</u>	<u>CHILDS Case No.</u>
<u>Child's Name (last, first, m.i.)</u>	<u>Age</u>	<u>Gender</u>	<u>DCS Specialist</u>	<u>Child's Participant ID</u>	<u>Date of Birth</u>	<u>CHILDS Case No.</u>
<u>Child's Name (last, first, m.i.)</u>	<u>Age</u>	<u>Gender</u>	<u>DCS Specialist</u>	<u>Child's Participant ID</u>	<u>Date of Birth</u>	<u>CHILDS Case No.</u>

### 3. CHILDREN CURRENTLY IN THE HOME (Bio, Adoptive, Placement)

<u>Child's Name (last, first, m.i.)</u>	<u>Age</u>	<u>Gender</u>	<u>Status</u>	<u>Child's Name (last, first, m.i.)</u>	<u>Age</u>	<u>Gender</u>	<u>Status</u>
<u>Child's Name (last, first, m.i.)</u>	<u>Age</u>	<u>Gender</u>	<u>Status</u>	<u>Child's Name (last, first, m.i.)</u>	<u>Age</u>	<u>Gender</u>	<u>Status</u>
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### 4. RATIO, SLEEPING ARRANGEMENTS, TRANSPORTATION & FAMILY SUPPORTS

Will the applicants be outside of adult/child ratio as outlined in R21-6-309 (D) 7 days a week, 24 hours per day? ..... Yes No  
 If Yes, what is the plan to maintain the ratio?

This recommendation to exceed the Title 21 capacity limits is based on the family having the following adequate sleeping arrangements. *(Please detail out the sleeping arrangements (bedroom, bed type, if any bedroom sharing per R21.6). If there are children, ages 0-3 placed in the home, please confirm that the home has crib for child to sleep in):*

Does applicant(s)/license(s) have an appropriate way to transport all foster children? ..... Yes No

*If 'No', please explain the plan that allows appropriate transportation for all foster children.*



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**5. AGENCY INFORMATION**

<i>Submission Date</i>	<i>Agency Specialist's Name</i>
<i>Licensing Agency Name</i>	<i>Agency Specialist's Email</i>
<i>Agency Specialist Supervisor</i>	<i>Agency Specialist's Signature</i>

A support network is available to the foster parent(s) and the foster parent(s) is willing and able to provide care for . . . . . **Yes No**  
 the additional foster child(ren).

Does the applicant (s)/licensee (s) have willingness and ability to provide care for each additional foster child? . . . . . **Yes No**

Does the licensing agency recommend that the home have 8+ children in the home? The licensing agency needs to . . . . . **Yes No**  
 sign off on here that they are recommending this for the home.

Are there any open licensing concerns or investigations/reports? . . . . . **Yes No**

If applicable, a kinship waiver and/or overcapacity request has been completed. . . . . **Kinship Overcapacity**

**6. RECOMMENDED LICENSING PARAMETERS**

<i>Population</i>	<i>Age</i>	<i>Gender</i>	<i>Service-Type/Restrictions</i>
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**7. FOR OLR USE ONLY**

<i>Date Received</i>	<i>Date Reviewed</i>	<i>Status</i>	<i>Date</i>
		Approved      Denied	
<i>OLR Specialist's Name</i>		<i>OLR Specialist's Signature</i>	<i>Date</i>

Justification for this recommendation has been verified by confirming the above information with the foster parents and reviewing previous information submitted to OLR (initial home-study, renewal home-study, amendment(s) and Contact notes, as applicable). In my professional judgment, non-compliance with this licensing rule is justified and should be permitted by OLR pursuant to R21-6-309 (C).



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