



Excess Capacity Request (General)

The form shall be completed and submitted to OLR via email to FHLDocs@azdcs.gov.
 An incomplete form will be returned and may result in a delay in the process.

Licensee Information

 QCID License Number

 Licensee Name (last, first, m.i.)

Current License Parameters

 Population

 Age Range

 Gender

 Special Conditions/Restrictions

N/A

Child(ren) to Be Placed

N/A

_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ DCS Specialist	_____ Child's Participant ID	_____ Date of Birth	_____ Person ID No.
_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ DCS Specialist	_____ Child's Participant ID	_____ Date of Birth	_____ Person ID No.
_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ DCS Specialist	_____ Child's Participant ID	_____ Date of Birth	_____ Person ID No.

Children Currently in the Home (Bio (B), Adoptive (A), Placement (P))

_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status	_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status
_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status	_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status
_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status	_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status
_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status	_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status
_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status	_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status
_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status	_____ Child's Name (last, first, m.i.)	_____ Age	_____ Gender	_____ Status

Total Number of Placements

Supervision, Sleeping Arrangements, Transportation & Family Supports

This home will be outside of adult/child ratio as outlined in R21-6-309. Please describe, in detail, how each child in the home will be supervised at all times.

Supervision, Sleeping Arrangements, Transportation & Family Supports ~ continued

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 R21-6-310 and R21-6-311). If there are children, ages 0-3 placed in the home, please confirm that the home has crib for child to sleep in):

Please describe a transportation plan that complies with R21-6-316.

AGENCY INFORMATION

Submission Date _____	Agency Specialist's Name _____
Licensing Agency Name _____	Agency Specialist's Email _____
Agency Specialist Supervisor _____	Agency Specialist's Signature _____
Does the applicant(s)/licensee(s) have willingness and ability to provide care for each additional child? Yes No	
Does the licensing agency recommend that the home have more than 8 children? Yes No	
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	

RECOMMENDED LICENSING PARAMETERS

Population _____	Age _____	Gender _____	Service-Type/Restrictions _____
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FOR OLR USE ONLY

Date Received _____	Date Reviewed _____	Status _____	Approved _____	Denied _____
OLR Specialist's Name _____		OLR Specialist's Signature _____	Date _____	

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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