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| CSO-1240A (8-18) | ARIZONA DEPARTMENT OF CHILD SAFETYOffice of Licensing and Regulation (OLR) |  |
|  | **PRELIMINARY CONSIDERATION WAIVERNon-Safety Licensing Standards for Kinship Care** | **Quick Connect ID** |
| **COMPLETED BY THE LICENSING AGENCY** |
| **INSTRUCTIONS*** **Answer questions in typed format.** Answer all questions completely and include information needed to show why compliance cannot be met. **OLR will not grant a waiver request simply because it would be inconvenient for the foster parent or applicant to comply with the licensing requirement.**
* Kinship waivers will not be granted for homes that have community foster placements in the home.
* Complete the addendum for Fictive Kin Waiver Request if needed.
* Refer to A.A.C. Title 21 Chapter 6 when citing the rule that is requested to be waived.
* Save completed form and send as email attachment to OLRKinshipWaivers@azdcs.gov
 |
| POTENTIAL APPLICANT’S NAME *(First, M.I., Last)*      | POTENTIAL APPLICANT’S NAME *(First, M.I., Last)*      |
| ADDRESS *(No., Street, City, State, ZIP)*       |

The above named person has expressed interest in applying for licensure as a foster parent to provide care for only the following related placements:

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| **Name of Placement** | **Date of Birth** | **Relationship to Applicant** | Fictive Kin |
|       |       |       | [ ]  |
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|       |       |       | [ ]  |
| [ ]  This potential applicant is not able to meet the standards for the licensing rule A.A.C. R-21-6-     [ ]  Training waiver per training requirement table. |
| Provide details in regard to why the home is unable to meet compliance and the reason compliance would be a hardship *(include sleeping arrangements, if applicable).*      |
| Provide justification that waiving the licensing requirement will not compromise the safety of a placement.      |
| Provide any proposed alternative compliance with the rule requirement, including pictures or diagrams that depict any physical requirement to be waived.      |
| Provide a summary of the options discussed with the family to bring the home into compliance.      |
| Summarize how the agency will monitor the situation.      |
| Summarize any known historical, behavioral or other information that may be relevant or have an impact on the situation.      |
| **Target Date for Compliance:**        |

**In my professional judgment, non-compliance with this licensing rule will not jeopardize the safety of the related placement(s). I request OLR to consider waiving the licensing rule for this potential applicant.**

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| *Licensing Worker’s Name* |  | *Name of Licensing Agency* |
|       |  |       |  |       |
| *Email Address* |  | *Phone No.* |  | *Date* |
| **COMPLETED BY OLR** |
| At this preliminary stage:[ ]  OLR **MAY** waive this licensing rule for this potential applicant.[ ]  OLR will **NOT** waive this licensing rule for this potential applicant because: [ ]  The specified rule constitutes a safety requirement. [ ]  The justification provided by the Licensing Agency is insufficient in demonstrating that the situation will not jeopardize the safety of a placement. [ ]  Additional information is needed prior to the final decision. Other:       |

If an application for licensure is submitted, further consideration for the waiver will be given by OLR on a case-by-case basis.

Approval in the preliminary stage is not a guarantee that a waiver will be granted or that a license will be issued. Additional information may be requested by OLR before approval can be granted.

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| *OLR Designee’s Signature* |  | *Date* |

Routing: Licensing Worker; OLR Designee

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios del Departamento está disponible a solicitud del cliente.

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| **[ ]  N/A** | **ADDENDUM FOR FICTIVE KIN WAIVER REQUEST** | **Quick Connect ID** |

Federal legislation permits certain non-safety licensing standards to be waived for kinship foster caregivers. This also extends to fictive kin. Fictive kin are caregivers not related to the placementren by blood or marriage, but nonetheless have a "kin-like" relationship with the placement(s). This relationship may be characterized as one which entails love, commitment, familiarity and trust on both sides.

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| CAREGIVER’S NAME *(First, M.I., Last)*      | CAREGIVER’S NAME *(First, M.I., Last)*      |

**Please describe all your answers in detail.**

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| What is the emotional connection between the placement(s) and caregiver which is reminiscent of a kinship relationship?      |
| What is the relationship between the caregiver and the placement(s). Is it like that of grandparents or aunts and uncles? Are the families connected in some way and on some regular basis?      |
| Describe the length of the relationship between the caregiver and the placement(s) and whether the caregiver anticipates the relationship will have a long future including permanency if needed.      |
| If the proposed fictive kin caregiver has a placement in the home, is the relationship between the birth child and the placement(s) also kin-like?      |

**I affirm that as the assigned licensing worker I am qualified to answer the above questions, and that the answers I gave to those questions are true and correct to the best of my knowledge.**

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| *Licensing Work’s Signature* |  | *Date* |