



ARIZONA DEPARTMENT OF CHILD SAFETY OVERCAPACITY REQUEST

**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.
For assistance in completing this form, please see policy DCS-15-35**

QC ID No.

1. AGENCY INFORMATION

Submitted by (last, first, middle)	Title	Phone No. (Include Area Code)	Submission Date
Agency Name	Agency Specialist's Name		
Agency Specialist's Phone	Agency Specialist's Email		
Agency Specialist's Supervisor's Name	Agency Specialist's Supervisor's Email		

2. CHILD(REN) TO BE PLACED

Child's Name (last, first, middle)	Age	Gender	DCS Specialist	Child's Participant ID	Date of Birth	CHILDS Case No.
Child's Name (last, first, middle)	Age	Gender	DCS Specialist	Child's Participant ID	Date of Birth	CHILDS Case No.
Child's Name (last, first, middle)	Age	Gender	DCS Specialist	Child's Participant ID	Date of Birth	CHILDS Case No.
Child's Name (last, first, middle)	Age	Gender	DCS Specialist	Child's Participant ID	Date of Birth	CHILDS Case No.
Child's Name (last, first, middle)	Age	Gender	DCS Specialist	Child's Participant ID	Date of Birth	CHILDS Case No.
Child's Name (last, first, middle)	Age	Gender	DCS Specialist	Child's Participant ID	Date of Birth	CHILDS Case No.

3. OVERCAPACITY PLACEMENT CRITERIA ~ A.R.S. 8-514

One or more boxes must be checked in this section prior to moving forward.

- | | |
|---|--|
| Sibling currently residing in the foster home | Previously resided in this foster home |
| Kinship placement | Siblings will be separated if not placed together in this home |

4. ADDITIONAL CHANGES TO LICENSE

- | | |
|------------------|---|
| Gender change | Remove a "restriction" on the current license |
| Age range change | |

5. FOSTER PARENT INFORMATION

Foster Parent's Name (last, first, middle)	Current Licensing Parameters:	Population	Age Range	Gender
Date of Placement or Anticipated Date of Placement	Proposed Licensing Parameters:	Population	Age Range	Gender
	Current Services	None		
	Current Restrictions	None		
	Proposed Current Restrictions	None		



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6. FOSTER PARENT INFORMATION ~ (continued)

The Licensing Agency representative and the DCS representative have determined the following is true:

- There are no DCS investigations regarding this home
- There are no licensing concerns regarding this home
- This foster family has the ability to safely supervise and care for additional children
- This foster home has sufficient bedroom space to meet minimal requirements. (R21-6-311, R21-6-316)
- This foster home has an appropriate alternate and emergency supervision plan. (R21-6-306, R21-6-334)
- This foster home has adequate transportation to meet the needs of all children living in the home. (R21-6-316)
- Placement of the above child(ren) will not result in non-compliance of adult to child ratios. (R21-6-309)
- If the gender parameter on the license must be changed, this foster home is able to accommodate the change within rule
- If the age range parameter on the license must be changed, this foster home is able to accommodate the change within rule

7. CSO-1240 – PRELIMINARY CONSIDERATION WAIVER

Yes N/A Is the CSO-1240, PRELIMINARY CONSIDERATION WAIVER Non-Safety Licensing Standards for Kinship Care completed and accompanies this form

8. CSO-1989 – EXCESS CAPACITY

Yes N/A Is the CSO-1989, Excess Capacity form completed and accompanies this form?

9. SIGNATURE

<hr/> <i>Requested By (last, first, middle)</i>	<hr/> <i>Signature</i>	<hr/> <i>Date</i>
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10. FOR OLR USE ONLY

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



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