



Iowa Department of Health and Human Services
**Request for Waiver of Pre-Service Training
 or Non-Safety Licensing Standards for Relatives**

Name of Relative			Service Area	
Child's Name			Child's Date of Birth	
Address	City	Zip Code	County	Phone
HHS or Licensing Contractor Requestor			Date of Request	

This individual or family is applying to become a licensed foster home.

The 33 hour pre-service training should be waived for this person or persons for the following reasons:

- The applicant is a kin/fictive kin who has cared for a related child for at least six months and who has been selected to adopt that related child may have their participation in pre-service training waived by the HHS service area manager or social work administrator.
Please provide additional information as needed (include relationship):

- The applicant is a kin/fictive kin who has cared for or has a relationship with the child for at least six months, and who is applying to be a foster parent for the child, and may have their participation in pre-service training waived by the HHS service area manager or social work administrator.
Please provide additional information as needed (include relationship):

- The applicant has completed relevant training or has a combination of relevant training and experience that is an acceptable equivalent to all or a portion of the required preservice training.
Please provide supporting documents and additional information as needed:

- There is good cause for the waiver based upon the circumstances of the child and the applicant.
Please explain the circumstances:

Request for a non-safety rule waiver for the applicant:

- To approve no verification of marriage and divorce decree. 441 IAC 113.3(4)“b”(3)
- To approve a smaller bedroom size (less than 40 square feet) when approval is in the best interest of specific children placed or to be placed in the home. (To be reviewed at each license renewal.) 441 IAC 113.5(3)“ b”
 Child's Name _____ Child's DOB _____
- To approve children over five years of age sharing a bedroom with a child of the opposite sex. 441 IAC 113.5(6)“a”(1).
- To approve foster children sharing a bed with any other child. (We would allow same sex siblings to share a bed.) 441 IAC 113.5(6)“a”(2)

- To approve foster parents not being age 21. (Foster parent could be age 18 if an adult sibling.)
441 IAC 113.12(1)“a”
Circumstances that warrant the waiver:

Date Records Check cleared:

Impact if not approved (e.g., disruption of current placements):

Response

This waiver request is: Approved Not approved
Comments:

If the family wants to take non-relative placements they **must** complete the 33 hour pre-service training.

Name	Title	Date
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Original upon request to: SAM/SWA
CC upon approval/denial: HHS Licensing Worker
Recruitment, Retention, Training, and Support Contractor
Central Office Policy Specialist

If the relative family receiving a waiver withdraws before completing the home study process, a new waiver is needed when the family restarts the process.