



Request for Waiver of Pre-Service Training or Non-Safety Licensing Standards for Relatives

Name of Individual or Family			Service Area	
Address	City	Zip Code	County	Phone
DHS Requestor			Date of Request	

This relative individual or family is applying to become a licensed foster home and/or approved adoptive home.

The 30 hour pre-service training should be waived for this relative person or persons for the following reasons:

- The applicant is a relative 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 DHS service area manager or social work administrator.

Please provide additional information as needed:

- The applicant is a relative 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 DHS service area manager or social work administrator.

Please provide additional information as needed:

- The applicant is a relative who 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 relative applicant. Please explain the circumstances:

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.

Request for a non-safety rule waiver for the relative 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 six 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”

Effective date waiver requested: _____

Circumstances that warrant the waiver:

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

Response

This waiver request is: Approved Not approved

Comments:

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

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