Instructions
CD-152

Purpose:

The purpose of this form is to provide tracking of those relative resource home providers who are approved for licensure on the basis of being granted one of the allowable non-safety licensing standards waivers per policy and as required by the Fostering Connections to Success and Increasing Adoptions Act of 2008, HR 6893.

Form Completion:

Field 1: Enter the name(s) of the relative resource provider who has been approved for foster care licensure on the basis of utilizing a non-safety licensing standard waiver.

Field 2: Enter the assigned Departmental Vendor Number (DVN).

Field 3: Enter the date entered in the system that the licensure begins.

Field 4: Check if Children's Division developed, assessed and approved the resource home.

Field 5: Enter the name of the county of residence of the relative resource provider.

Field 6: Check if a contracted agency developed, and recommend the resource home for CD foster care licensure.

Field 7: Enter the name of the contractor that developed and recommended the resource home for CD foster care licensure.

Field 8: Enter the mailing address for the contractor.

Field 9: Enter the telephone number for the contractor.

Field 10: Check any and all waivers that were approved by the Regional Office and utilized in order to approve the license.

Field 11: Enter any comments if needed.

Field 12: Signature of the licensing worker submitting the home assessment and request for non-safety licensing standard waivers in order to recommend licensure.

Field 13: Enter date licensing worker signs the form.

Field 14: Signature of the licensing worker's supervisor indicating that discussion and agreement of the approval for licensure based on the indicated waivers.

Field 15: Enter date the supervisor signs the form.

Field 16: Form must be signed by the regional office indicating approval of utilizing the indicated waivers for relative foster care approval.

Field 17: Enter date of regional office signature/approval.

Field 18: **This section is for Central Office use only**. Enter the date the form is received. Enter the date the form was logged. Signature of the SOSA who logged the information.

Number of Copies and Distribution:

The original copy of the completed form, including all required signatures, is placed in the resource provider case file. A copy is sent to Central Office in Jefferson City to be logged.

Memoranda History: CD10-102, CD 16-18