**Resource Home Capacity EXCEPTION Approval Tracking FORM**

**CD-157 INSTRUCTIONS**

**Purpose:** This form provides staff with a mechanism to document exceptions to placement capacity and to ensure each child’s needs are being met. There are times when it may be necessary for resource homes to be over capacity to meet the needs of the child.

The maximum number of children placed in a resource home shall not exceed the licensing rules unless placement is necessary:

* To allow a parenting youth in foster care to remain with the child of the parenting you;
* To allow siblings to remain together
* To allow a child with an established meaningful relationship with the family to remain with the family;
* To allow a family with special training or skills to provide care to a child who has a severe disability;

This form is required for requesting and tracking overage due to:

* Homes with more than six (6) children
* Homes with more than two (2) children under the age of two
* Homes with more than four (4) children under the age of five
* Elevated need homes with more than four (4) children
* Elevated need homes with more than two (2) children with elevated needs

**Number of Copies and Distribution**: The form should be completed by the mutual agreement with the case managers of all the children in the home, licensing worker, their respective supervisors, the resource parent(s), and approved by the Regional Office for Children’s Division or Over Sight specialist for case management agency.

**Instructions for Completion:**

1. Enter the name of the resource provider(s)
2. Enter the DVN.
3. Enter the license begin date
4. Indicate if the license and child are supervised by Children’s Division or a contractor. Inlcude the name of the contractor.
5. Enter the name of the resource provider’s county of residence
6. Enter the name of the licensing worker and case manager. Include the names of all the case managers if more than one case manager has a child in the home.
7. Enter the Address of the agency supervising the home.
8. Enter the telephone numbers of all the workers involved in the home.
9. Select one of the reasons provided on the list for going over capacity. If bullets “g” or “h” are selected, there must be detailed explanation of the needs and circumstances of the elevate needs child(ren) in the home and how each child’s need is going to be met.
10. Enter the number of other children in the home and note the age, sex, and any emotional, behavioral, or physical challenges considerations. Include the placement type for each foster child.
11. Describe in detail the skills of the family that enables them to best care for this child including the child/ren being considered for placement.
12. Enter a detailed explanation of how the resource parents will provide safety for youth in the home if a capacity exception is granted.
13. Explain how the recommendation to go over the capacity limit may move the child/ren toward permanency:
14. Check the box to indicate whether the FST was notified.
15. Enter the begin date of the exception.
16. The licensing worker must sign and date the overage agreement for the home.
17. The supervisor of the licensing worker must sign and date signifying approval for the overage in the home.
18. The case managers for every child in the home must sign and date the overage agreement for the home.
19. The supervisors for every case manager associated with the home must sign and date signifying approval for the overage in the home.
20. Resource provider #1 must sign and date the form in agreement to the overage
21. Resource provider #2 must sign and date the form in agreement to the overage
22. The regional office for Children’s Division or oversight specialist for case management agency must sign and date the form.
23. The completed and approved form must be scanned and emailed to Central Office for Tracking.
24. Central Office will log the information from the form.

**Instructions for Retention**: This form should be kept in the forms section of the resource provider record.

**Memoranda History**: CD19-16,