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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **WAIVER REQUEST FORM** | | | | | | | |
| **Worker Information** | | | | | | | | |
| **Agency/County** | | | **Name of Worker** | | | | **Authorizing Worker User ID/Worker #** | |
| **Worker's Telephone Number** | | | | **Worker's Fax Number** | | **Worker's Email Address** | | |
| **Name of Supervisor** | | | | | | | | |
| **Child Information** | | | | | | | | |
| **Name of Child** | | **Child's Date of Birth** | | | **Child's DCN** | | | **Child's Functional Age** |
| **Resource Parent Information** | | | | | | | | |
| **Is the location of the Resource Parent(s) in the same city as their residence while child is in care?**  **Yes**  **No**  **If no, provide the location of Resource Provider's Residence:**  **Location of Resource Provider while child is attending child care:** | | | | | | | | |
| **Attempt to Locate Licensed Care** | | | | | | | | |
| **Attempts made to secure licensed/contracted child care:**  **Reviewed MOHSAIC**  **Check all that apply**  **Contacted the Local Child Care Resource and Referral Agency**  **Contacted appropriate providers for availability**  **Other (Explain below)**  **Additional attempts made:** | | | | | | | | |
| **Extenuating and Mitigating Circumstances**  **(NOTE: Preference and Convenience do not justify a waiver.)** | | | | | | | | |
| **Select Circumstance(s):**  **Provider capacity**  **No licensed/contracted provider available in geographic area**  **Provider unable to meet child's needs**  **Transportation**  **Court ordered**  **Chosen provider has a previous relationship with the child**  **Other**  **Additional extenuating and mitigating circumstances:** | | | | | | | | |
| **Comments** | | | | | | | | |
| **Comments:** | | | | | | | | |
| **Approval Signatures** | | | | | | | | |
| **Worker Signature: Supervisor Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Data Entry Worker Signature: Data Entry Date** | | | | | | | | |