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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’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** |