

State of Illinois
Department of Children and Family Services

Waiver of Exception to Placement Restriction for Unlicensed Homes

Please note, the waiver process is not designed for immediate or emergency placements. Any Criminal background will be subject to a background search through the DCFS OIG and any capacity waiver may be subject to additional scrutiny through the DCFS Clinical assessment unit.

Initial Requesting Worker/Agency:

Name: _____ ID#: _____

Name of Agency: _____

Address: _____

Phone Number: _____ Date: _____

Waiver Type:

- Criminal Expanded Capacity BCU/CANTS Out of State

SECTION I: Youth and Adult Subject of Waiver:

Youth in care

Name (Last, First)	Sex	D.O.B.	Age	DCFS ID #	Specialized (Yes/No)	Goal	Requested placement date

Subject of this waiver: (adult caregiver seeking waiver or placement of child, one form per)

Name (last, First)	AKA	Sex	D.O.B.	Age	Provider ID #	Relationship

Spouse or Paramour:

Name (last, First)	AKA	Sex	D.O.B.	Age	Provider ID #	Relationship

Caregiver address: _____

Caregiver employment: (please provide the name of employer and hours or work (or other source of Income):

Justification for placing youth with the above listed adult(s):

Explain how long the youth has known this adult:

Why is this placement in the best interest of the youth?

SACWIS History

Does the subject of the waiver have a CANTS history or LEADS: if so, please add below:

SCR #	Report Date	Allegation #	Retention

LEADS Positive (attach reports) Negative

SECTION II: Youth Background

Is this Youth Specialized: Yes No

If specialized: List youth’s name, behaviors, and services being received:

Will this placement keep youth in current school Yes No

Mother’s parental rights terminated Yes No

Father’s parental rights terminated Yes No

If placement is approved, what services will be needed or provided in order to preserve the proposed placement:

Placement history; (if request is for multiple youth and history differs between placements attach additional sheets)

Total number of prior placements:_____

Please list the last three placements below: (including hospitalizations)

Current placement:

Name (Last, first)	Relationship	Placement date	Length of Placement

Why is a new placement needed:_____

What actions were taken to preserve placement:_____

Name (Last, first)	Relationship	Placement date	Length of Placement

Why is a new placement needed: _____

What actions were taken to preserve placement: _____

Name (Last, first)	Relationship	Placement date	Length of Placement

Why is a new placement needed: _____

What actions were taken to preserve placement: _____

Siblings:

Where are siblings placed if not part of request?

Why is it not in best interest of youth to be placed with siblings?

Current Case Worker's Name: (if different than initial worker):

_____ Phone: _____

Agency Name and Address:

Supervisor Name: _____ Phone: _____

SECTION III: Household Members

List all adults eighteen years or older (18+) who live in the home

Name (Last, first)	Sex	D.O.B.	Age	Relationship	Employment	Specialized Yes/No	Criminal	CANTS

List all child/youth zero through seventeen (0-17) years of age who live in the home

Name (Last, first)	Sex	D.O.B.	Age	Relationship (bio, foster, adoptive)	DCFS ID	Specialized Yes/No	Criminal	CANTS

Are any youth or adults in the home with special needs; or requiring complex medical care? If so, list name, behaviors, needs and/or services being received:

SECTION IV: Criminal

Select **ALL** that apply. Attach additional sheets if multiple convictions for same offense.

Homicide	Date of Arrest	Conviction	Date of Conviction	Age at Conviction
Murder*				
Solicitation of murder*				
Solicitation of murder for hire*				
Intentional homicide of an unborn child*				
Voluntary manslaughter of an unborn child*				
Involuntary manslaughter*				
Reckless homicide*				
Concealment of a homicidal death*				
Involuntary manslaughter of an unborn child*				
Reckless homicide of an unborn child*				
Drug induced homicide*				

Sex Offenses	Date of arrest	Conviction	Date of Conviction	Age at Conviction
Indecent solicitation of a child*				
Indecent solicitation of an adult				
Public indecency				
Sexual exploitation of a child*				
Custodial sexual misconduct				
Presence within school zone by child sex offenders Approaching, contacting, residing, or communicating with a child within a public park zone by child sex offenders				
Sexual relations within families*				
Prostitution				
Soliciting for a prostitute				
Soliciting for a juvenile prostitute*				
Solicitation of a sexual act				
Pandering				
Keeping a place of prostitution*				
Keeping a place of juvenile prostitution*				
Patronizing a prostitute				
Patronizing a minor engaged in prostitution*				
Pimping				
Juvenile pimping*				
Exploitation of a child*				
Obscenity				
Child pornography*				

All waivers must be submitted via email to the outlook waiver mailbox DCFS.WaiverRequests or via email Waiver.Requests@illinois.gov.

Sex Offensives	Date of arrest	Conviction	Date of Conviction	Age at Conviction
Harmful material				
Tie-in sales of obscene publications to distributors				
Posting of identifying information on a pornographic internet site [720 ILCS 5/Art. 11]				

Kidnapping and related offenses	Date of arrest	Conviction	Date of Conviction	Age at Conviction
Kidnapping				
Aggravated unlawful restraint				
Forcible detention				
Harboring a runaway				
Aiding and abetting child abduction*				
Aggravated kidnapping				
Child Abduction*				

Bodily Harm	Date of arrest	Conviction	Date of Conviction
Aggravated battery of a child*			
Criminal sexual assault*			
Aggravated criminal sexual assault*			
Predatory criminal sexual assault of a child*			
Criminal sexual abuse*			
Aggravated sexual abuse*			
Heinous battery*			
Aggravated battery with a firearm			
Tampering with food, drugs, or cosmetics			
Drug-induced infliction of great bodily harm			
Hate crime			
Stalking			
Aggravated stalking			
Threatening public officials			
Home invasion			
Vehicular invasion			
Criminal transmission of HIV			
Criminal abuse or neglect of an elderly person or person with a disability			
Child Abandonment*			
Endangering the life or health of a child*			
Ritual mutilation			
Ritualized abuse of a child*			
An offense in any other jurisdiction the elements of which are similar and bear substantial relationship to any of the foregoing offenses [225 ILCS 10/].			

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Has there been a felony conviction for any of the following:

- (1) Child abuse or neglect? Yes No Date of last conviction: _____
- (2) Spousal abuse? Yes No Date of last conviction: _____
- (3) A crime against children,
including child pornography? Yes No Date of last conviction: _____
- (4) A crime involving violence,
including rape, sexual assault,
or homicide? Yes No Date of last conviction: _____

Length of time that has elapsed since the last conviction: _____

Relationship of Crime and capacity to care for children:

Any violation of “Methamphetamine Control and Community Protection Act” or any drug-related convictions? **If yes, explain:**

Date of last drug-related conviction: _____

Convicted of any crime labeled as a hate crime? **If yes, explain:**

Subject’s explanation of criminal history, including detailed description of arrest.
(This will be checked against the actual police report.)

Extraordinary circumstances for requesting waiver of convictions including evidence of rehabilitation:

Provide detailed information related to character references provided by the waiver applicant:

Any prior drug treatment completed Yes No Date: _____

If yes provide program name and certificates:

SECTION V: Home Capacity

Number of bedrooms in the home: _____

Approx. square footage of the home: _____

Sleeping arrangements (including potential youth placements)

Bedroom #	Sq. footage	Beds	Occupant Name (A)dult or (Y)outh	Occupant Name (A)dult or (Y)outh	Occupant Name (A)dult or (Y)outh

Other rooms used for sleeping: Yes No **If yes, Explain:**

Have caregivers ever cared for this number of youths Yes No **If yes, Explain:**

Provide detailed explanation as to how the foster parent is qualified to manage this placement?

What is child care supervision plan?

Section VI: Signatures

Case Management recommendations and signatures for this waiver: (if you are not in support of this waiver, please indicate concerns on the line below.)

Case Worker	<input type="checkbox"/> Support	<input type="checkbox"/> Object
Name _____	ID# _____	
Signature _____	Date _____	

Case Worker Supervisor	<input type="checkbox"/> Support	<input type="checkbox"/> Object
Name _____	ID# _____	
Signature _____	Date _____	

Licensing Representative (if applicable)	<input type="checkbox"/> Support	<input type="checkbox"/> Object
Name _____	ID# _____	
Signature _____	Date _____	

Licensing Supervisor (if applicable)	<input type="checkbox"/> Support	<input type="checkbox"/> Object
Name _____	ID# _____	
Signature _____	Date _____	

Program Director:	<input type="checkbox"/> Support	<input type="checkbox"/> Object
Name _____	ID# _____	
Signature _____	Date _____	
