



**State of Nevada
 Department of Human Resources
 Division of Child and Family Services**

4126 Technology Way 3rd Floor
 Carson City, NV 89706
 Fax: 775-684-4456

WAIVER APPROVAL REQUEST

NEVADA ICPC IS REQUESTING YOUR ASSISTANCE REGARDING THE FOLLOWING PLACEMENT RESOURCE.

CASE NAME	DATE OF BIRTH	PLACEMENT RESOURCE NAME AND ADDRESS

TYPE OF PLACEMENT Adoption: Public Agency Private Agency Specific Private
 Parent Relative Foster Residential

Please indicate the type of violation:

An ASFA Violation A non ASFA Violation

Has this waiver been approved by Clark County?

Yes No

Signed: _____

Date: _____

Supervisor _____

Date: _____

Please complete this form and fax to Shannon Foster at 775-684-4456