

**DIVISION OF CHILD AND FAMILY SERVICES
 WAIVER APPLICATION FOR FOSTER CARE OR ADOPTION STANDARDS**

Please Note	
Waivers eligible for IV-E reimbursement: <ul style="list-style-type: none"> • A waiver for non-safety standards for a relative caregiver 	Waivers NOT eligible for IV-E reimbursement: <ul style="list-style-type: none"> • A waiver for non-safety standards for non-relative or fictive kin caregivers • A waiver for safety-related standards for relative, fictive kin or non-relative caregivers
<p>Use of a Waiver disallows Federal IV-E reimbursement; Except for the purpose of a "relative, non-safety related waiver" for specifically named relative child(ren).</p> <p align="center">~</p> <p>Non-IV-E foster care maintenance costs are the direct responsibility of the local child welfare agency requesting the waiver</p>	

DATE: _____

TO: _____

FROM: _____

(RURAL REGION MANAGER; CCDFS DIRECTOR; WCHSA DIRECTOR)

ASSIGNED AGENCY LICENSING WORKER: _____

TELEPHONE: _____

EMAIL: _____

FAX: _____

HOME TYPE:

- FAMILY FOSTER HOME
- GROUP FOSTER HOME
- ADOPTIVE HOME

WAIVER APPLICATION SUBMITTED FOR:

- NON-RELATIVE/FICTIVE KIN LICENSE ONLY
- NON-RELATIVE/FICTIVE KIN LICENSE AND ADOPTIVE HOME
- RELATIVE LICENSE ONLY
- RELATIVE LICENSE AND ADOPTIVE HOME

PERSPECTIVE APPLICANT OR LICENSEE NAME: _____

ADDRESS: _____

Foster Child Name	Unity Person ID	Age	Sex

MEETS BACKGROUND REQUIREMENTS OF NRS 424.031: YES NO
 If NO, explain _____

WAIVER REQUESTED FROM NAC 424 SECTION(S) list all: _____

WAIVER REQUESTED FROM NAC 127 SECTION(S) list all: _____

SUMMARY OF STATEMENT FROM APPLICANT OR LICENSEE: _____

IDENTIFY ALL CAREGIVER ACTIONS TO MITIGATE ALL SAFETY CONCERNS DUE TO THE USE OF THE WAIVER: _____

AGENCY REASONS FOR THIS SPECIFIC PLACEMENT: _____

AGENCY ACTIONS TO ENSURE CHILD SAFETY: _____

REQUIRED ATTACHMENTS (if applicable to waiver):

- DOCUMENTATION OF EVIDENCE MITIGATING POTENTIAL RISK/HARM TO CHILD
- SUBSTANTIATED CANS CHECK RESULTS
- DOCUMENTATION SUPPORTING WHY SUBSTANTIATED CANS IS NOT A RISK TO CHILD

(Rural Regional Manager/CCDFS Director/WCHSA Director)

Date

APPROVED (Forward to DCFS Administrator)

COMMENTS: _____

DIVISION OF CHILD AND FAMILY SERVICES

Date

- Non-Safety Related
- IV-E Eligible
- Safety Related
- Non-IV-E Eligible

WAIVER

APPROVED DENIED

ADMINISTRATOR'S COMMENTS: _____