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| --- | --- | --- | --- | --- | --- |
| Shape  Description automatically generated with medium confidence | | | LICENSING DIVISION (LD)  **Kinship Respite Overcapacity**  **WAC 110-148-1390** | | |
| REQUESTOR’S NAME AND TITLE | | | | | DATES REQUESTED  START:  END: |
| REQUESTOR’S LOCAL OFFICE | | | | CHILD’S CASEWORKER | |
| PROVIDER NAME BRS HOME?  YES  NO | | | | PROVIDER NUMBER | |
| LD STAFF NAME | | | | CHILD PLACING AGENCY STAFF NAME | |
| **Justification for Overcapacity Request** | | | | | |
| Explain the justification for this request: | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Children** | | | | |
| List names and ages of ALL children in the home. This includes children of the Kinship Caregiver. Note name(s) of children for whom approval is requested with an **asterisk** (\*). Please be specific when listing and describing the behavior concerns. If Physically Assaultive/Aggressive Youth (PAAY) or Sexually Aggressive Youth (SAY), attach supervision plan. | | | | |
| NAME | AGE | GENDER IDENTITY | BEHAVIORAL CONCERNS  (INCLUDE PAAY OR SAY DESIGNATIONS. NOTE N/A IF NONE.) | |
| 1. |  |  |  | |
| 2. |  |  |  | |
| 3. |  |  |  | |
| 4. |  |  |  | |
| 5. |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 7. |  |  |  |

*(Copy and paste rows as needed)*

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| --- | --- | --- |
| **Training and Supervision** | | |
| **Notice: Licensor will verify that there are no open provider actions which may cause the overcapacity to not be approved**.  Has the Kinship Caregiver(s) taken PAAY and SAY training if child being placed meets these criteria?  Yes  No  N/A  Has the Kinship Caregiver(s) had PAAY and SAY training if any children in their care have these behaviors? Both Licensees in a two-parent household must have the required training.   1. PAAY:  Yes  No  N/A 2. SAY:  Yes  No  N/A   Have supervision plans been agreed to by the Kinship Caregiver(s), child’s caseworker, and reviewed and signed off by the caseworker’s supervisor?  Yes  No  N/A | | |
| **Kinship Home** | | |
| Describe bedroom space and sleeping arrangements in the home to accommodate the overcapacity. | | |
| **Approvals** | | |
| CASEWORKER OR DESIGNEE SIGNATURE (Required) | | DATE |
| Endorsed  Not Endorsed | COMMENTS | |
| LD STAFF SIGNATURE (Required +1 or above) | | DATE |
| Endorsed  Not Endorsed | COMMENTS | |
| LD SUPERVISOR SIGNATURE (Required +1 or above) | | DATE |
| Approved  Not Approved | COMMENTS | |
| LD AREA ADMINISTRATOR SIGNATURE (Required +3) | | DATE |
| Approved  Not Approved | COMMENTS | |
| CHILD PLACING AGENCY STAFF SIGNATURE (Required if Applicable) | | DATE |
| Approved  Not Approved | COMMENTS | |