**Application for Child-Specific Respite Services**

**Existing Level 5 Foster Home**

**Use of form:** This form fulfills the requirements of ss. DCF 56.14(7)(m) for making a respite request to the DCF Level 5 Exceptions Panel. A Level 5 foster home may only provide respite care to a child who was previously placed in the home, a child specifically identified and approved by the Department on a planned basis, or a child who has needs agreed to by the Department. This form should be submitted to the DCF Level 5 Exceptions Panel when requesting approval from the Department for child-specific respite services in an existing Level 5 Foster Home. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The Licensing Agency shall submit this completed application to the DCF Exceptions Panel Chairperson through the Level 5 Submission Portal. The licensing agency should collaborate with the placing/supervising agency and CLTS/CCS to gather all necessary child specific information required as part of the application process.

Application Type

New Respite

Respite for Child Previously Placed in the Home

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child Full Name: | | | | | | | | | | | | | | | | | | | Child Date of Birth: | | |
| **I. Program Description** | | | | | | | | | | | | | | | | | | | | | |
| Description of the population currently served in the level 5 home: | | | | | | | | | | | | | | | | | | | | | |
| **License Information** | | | | | | | | | | | | | | | | | | | | | |
| Licensing Agency Name: | | | | | | | | | | | | | | | | | | | | | |
| Licensing Professional Full Name: | | | | | | | | | | | | | | | | | | Licensing Professional Phone: | | | |
| Licensing Professional Email: | | | | | | | | | | | | | | | | | | | | | |
| Foster Parent Full Name: | | | | | | | | | | | | | | | | | | | | | |
| Foster License Effective Dates:        to | | | | | | | | | | | | | | | | | | | | | |
| Bed Capacity:  Placement:    Respite: | | | | | | | | | | Age range served:     to | | | | Gender:  Male  Female | | | | | | | |
| Needs of current children served in the home: | | | | | | | | | | | | | | | | | | | | | |
|  | | Autism Spectrum Disorder  Severe emotional disturbance  Developmental disability  Intellectual disability  Medically fragile  Self-injurious  Physical disability | | | | | | | | | | Mental health crisis stabilization  Mental health disability  Aggressive behaviors  Sexually aggressive  Communication impairment / challenges  Psychosis  Others – Specify: | | | | | | | | | |
| Describe staff-to-child ratios including if there are variances in the number staff when respite child is in the home (differentiate daytime staffing vs. overnight staffing). | | | | | | | | | | | | | | | | | | | | | |
| Describe how the facility supervisors and staff assure that each child’s health, safety, and well-being are addressed, especially when considering respite matches within the home. | | | | | | | | | | | | | | | | | | | | | |
| **II. Child Specific Information for Proposed Respite Child** | | | | | | | | | | | | | | | | | | | | | |
| Describe the child’s strengths and needs. | | | | | | | | | | | | | | | | | | | | | |
| List child’s diagnosis and medications. | | | | | | | | | | | | | | | | | | | | | |
| Explain how the child’s emotional/behavioral/medical needs will be supported in the home. Describe or attached behavioral support plan. | | | | | | | | | | | | | | | | | | | | | |
| Describe what additional training staff will be expected to complete to meet the needs of this child and when it will be completed by. | | | | | | | | | | | | | | | | | | | | | |
| Provide a statement as to why the child cannot be better served in a lower level of care foster home or family-oriented setting with the provision of appropriate services in the home. If pertinent, include any supporting letters from parents, therapists, social workers, or other professionals. | | | | | | | | | | | | | | | | | | | | | |
| Describe the child’s individual schedule and any modifications to the home that will be made. | | | | | | | | | | | | | | | | | | | | | |
| Describe sleeping/overnight arrangements if respite care is expected to be overnight. (Where child in respite will be sleep and where current placement(s) in the home sleep) | | | | | | | | | | | | | | | | | | | | | |
| Describe the supervision and care needs the child will need during respite. | | | | | | | | | | | | | | | | | | | | | |
| Describe the consideration process for matching this child with the current children placed in the Level 5 Foster Home. | | | | | | | | | | | | | | | | | | | | | |
| If respite is being requested for a child previous placed in the home, please specify and describe why this respite arrangement is appropriate. | | | | | | | | | | | | | | | | | | | | | |
| Describe the interaction the child will have with the current resident/s of the foster home. | | | | | | | | | | | | | | | | | | | | | |
| Describe the level of engagement the child will have in the community while in respite including work, school attendance and participation in extracurricular activities. Describe the interaction the child will have with the current resident/s of the foster home. | | | | | | | | | | | | | | | | | | | | | |
| Describe any end-of-life preparations / documentation if the child is terminally ill. | | | | | | | | | | | | | | | | | | | | | |
| Describe proposed frequency of respite. | | | | | | | | | | | | | | | | | | | | | |
| **III. Required Attachments for Respite of a Child in a Level 5 Foster Home** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Behavioral support plan or crisis plan if indicated from above. | | | | | | | | | | | | | | | | | |
|  | | | | If child is medically fragile children and receiving respite in the Level 5 foster home, attach written plan the includes emergency medical protocols to ensure the most responsive and appropriate medical treatment for the child. | | | | | | | | | | | | | | | | | |
|  | | | | Copies of the child’s Individual CLTS Waiver Plan, if applicable. | | | | | | | | | | | | | | | | | |
| Yes  No Does the child have an approved restrictive measure plan for mechanical restraints or protective equipment in any other setting? | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | If “Yes” | The use of restrictive measures is prohibited during respite in accordance with 56.21(3)(m). Restrictive measures cannot be used in the respite setting unless approved by the DCF Exceptions Panel. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |  | | | | |  | |
|  | **SIGNATURE** –Child Welfare Professional for the Child | | | | | | | | | | | |  | | Date Signed | | | | |  | |
|  | | | | | | | | | | | | |  | |  | | | | |  | |
|  | **SIGNATURE** –Licensing Professional | | | | | | | | | | | |  | | Date Signed | | | | |  | |
| **FOR DEPARTMENT USE ONLY** | | | | | | | | | | | | | | | | | | | | | |
| Decision of DCF Exceptions Panel: | | | | | | | | | Approve respite request as is  Approve respite with changes specified below  Deny request | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | |
| If approved, for what time period? | | | | | | | | | | | | | | | | | | | | | |
| Current License | | | | | | | | | | | | | | | | | | | | | |
| **Or** | | |  | | | | to |  | | | (Shall not exceed the period of licensure) | | | | | | | | | | |
|  | | | (mm/dd/yyyy) | | | |  | (mm/dd/yyyy) | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  |  | | | |  |
|  | **SIGNATURE** – Exceptions Panel Chairperson | | | | | | | | | | | | | | |  | Date Signed | | | |  |