

Treatment Foster Care Bed Capacity Exception Request
Local Department Recommendation – Caseworker of Other Child Placed in Home

Exception Child Name: [redacted] DOB: [redacted]
Child Placement Agency: [redacted]
Treatment Foster Parent(s): [redacted]
Your Child in Treatment Foster Home: [redacted]

From your experience with this foster family, is the family structurally sufficient to handle another child while maintaining the care level of the other two foster children in the home?
[redacted]

Please provide a statement on the treatment foster family's performance as caretaker for the foster child in your charge.
[redacted]

As the local department caseworker for [redacted], a foster child in the home of the above-referenced treatment foster parents, I
 Support
 Do Not Support
an Exception for the placement of the above-referenced child in the home.

Reasons and/or Comments:
[redacted]

Local Department Caseworker:
[redacted]
[redacted]

Date:
[redacted]
[redacted]