

Treatment Foster Care Bed Capacity Exception Request

Treatment Foster Parent Statement

Exception Child Name: [REDACTED] **DOB:** [REDACTED]
Child Placement Agency: [REDACTED]
Treatment Foster Parent(s): [REDACTED]

I/We have discussed the placement of [REDACTED] in my/our treatment foster home. I am in support of this placement and am aware that such a placement would exceed the 2 foster child limitation for a treatment foster home. I/We have discussed with our provider agency the responsibilities entailed in adding this child to our treatment foster home. I/We further understand that the child may be placed as a regular foster child, or another foster child in my home may be changed to regular foster care status. I/We understand and agree that if the exception child or another child is regular status, we will not be receiving treatment foster care support services from the agency and will only receive the regular foster care board rate for the placement of the child.

[REDACTED]
[REDACTED]
Signature

[REDACTED]
[REDACTED]
Date

[REDACTED]
[REDACTED]
Signature

[REDACTED]
[REDACTED]
Date