



**DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services**

Request For Alternative Compliance or Policy Waiver

Name of Family/Employee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone: _____

Director or Administrator: _____

Type of Alternative Compliance Request:

- Adoptive Placement
- Foster Care Placement
- Employee

Type of Policy Waiver Request:

- Adoptive Placement
- Foster Care Placement
- Employee

Type of Recommendation

Alternative Compliance / Policy Waiver Requested _____

Disposition of Alternative Compliance/Policy Waiver Request

Approved Denied

Assistant Director, Community Services or Designee:

Name _____

Signature _____

Date _____

Agency Director:

Name _____

Signature _____

Date _____