



Age Differential Waiver Request for Group Care

Supervising Agency:	Name of Person Completing Form:	
Youth Name:	Youth Age:	Region:
Name of Group Home:	License Capacity:	Group Care Setting Type:
Provider Address:		
Required Documents Attached: <input type="checkbox"/> Comprehensive Placement Assessment <input type="checkbox"/> Recent MDT Results		
Additional Documents as Applicable: <input type="checkbox"/> Child Placement Agreement <input type="checkbox"/> Other:		

Age Differential Waiver Reason(s): *Select all that apply*

To prevent the separation of siblings

To prevent separation of a parenting young adult and child

Recommended level of placement for youth per the Comprehensive Placement Assessment and MDT Results

Additional Comments: *Provide summary of recommendation for placement in group care, to include efforts for placement in a less restrictive setting. For placement in an at-risk home, document all efforts to place the youth with a relative or fictive kin, in an available Level III safe foster home within Florida, and in an available Level II foster home within the youth's lead CBC geographical area.*

This waiver is valid for the youth listed above for the provider specified in this document. A copy of the youth's Comprehensive Placement Assessment must accompany the waiver request and be uploaded into in the child's file.

Title Signature Date

DCF APPROVAL REQUIRED:

Approved Denied: *Reason for denial* _____

Department Designee Name Signature Date

CBC Designee Name Signature Date