

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
Foster Home Request for Waiver

Agency Name: _____

Name of Foster Parent: _____

Facility ID #: _____

Rule to be waived (*Be Specific*):

Rationale for supporting this waiver request: (*Provide sufficient details to support your waiver request.*)

Type name of Individual Requesting Waiver: _____

Signature of Individual Requesting Waiver: _____

Title of Individual Requesting Waiver: _____

Date: _____

*Remember to indicate in your cover letter that you are requesting a waiver.