**Date:**  **Agency Name:**  **Foster Parent Name (if applicable):** \_\_\_\_\_\_

**Provide information for the child for which the camera usage exception is being requested.**

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| **Name** | **DOB/Age/Sex** | **Case Number** | **DCBS SSW** | **Region of Case Origin** |
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Child(ren) sharing the same bedroom? [ ]  Yes [ ]  No If yes, provide the name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please provide the safety concern and justification for the use of a camera in the child’s bedroom.**

**The child must be made aware of the camera usage. Please provide documentation of the conversation along with what measures have been put into place to ensure privacy while changing clothes and other personal needs.**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SRA or Designee for Region of Case Origin (Please Print) SRA or Designee for Region of Case Origin (Signature) Date |
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