



Kentucky Department for Community Based Services
CHFS Waiver of Training for Child Specific Foster Home

Applicant(s)/Approved Foster Home:

County of Residence:

Type of Waiver:

<input type="checkbox"/> Pre-Service <input type="checkbox"/> Ongoing Training

Justification of the Waiver Request:

Requesting Worker Signature/Title

Date

Family Services Office Supervisor/Title

Date

APPROVED

DENIED

Reason for Denial (If Applicable) -