



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

TO: _____, Out-of-Home Care (OOHC) Branch Manager

FROM:

DATE:

SUBJECT: Exception for household member fingerprints

Foster family:

Household member:

TWIST#:

Reason for Exception

Include in the body of the memo the medical reason for excluding the individual from fingerprints, whether the individual will be in the caretaking role, and any other relevant information.

Approval FSOS/PCP: _____

Date: _____

Approval OOHC Branch: _____

Date: _____