

**West Virginia Department of Health and Human Services
Bureau for Children and Families**

CIB/NCIC (FBI) Waiver Request

Check One:

- Residential Child Care Facility
- Child Placing Agency
- ASO Provider

Provider Name and Address:

Facility Name (if applicable): _____

Employee or Foster Parent Name (if applicable): _____

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**Detailed** Information Regarding Waiver Request (Including Licensing Rule Number or Policy Citation): List the charges or convictions, and include dispositions and dates for what you want waived: If more room is needed attach a separate sheet.

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| Arrests (list name) | Convictions (list name) | Date | Disposition (type-felony, misdemeanor) |
|---------------------|-------------------------|------|----------------------------------------|
|                     |                         |      |                                        |
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|                     |                         |      |                                        |
|                     |                         |      |                                        |

Agency Director's Signature: \_\_\_\_\_

Date of request: \_\_\_\_\_

**(Bureau for Children and Families Use Only)**

Residential Child Care Licensing Specialist: (if applicable, any conditions regarding the waiver)

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BCF Waiver Committee:

| Date | Decision | Signature |
|------|----------|-----------|
|      |          |           |
|      |          |           |
|      |          |           |

Program Manager Signature: \_\_\_\_\_

Approval Granted: \_\_\_\_\_ Waiver Request Denied: \_\_\_\_\_

Comments: \_\_\_\_\_

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Date: \_\_\_\_\_