

### CHILDREN IN CARE GOOD CAUSE WAIVER

#### **Step 1 – Criteria and Process:**

1. This is only applicable to cases when the child is in the care of the state and the state is paying the child’s expenses. (DCFS, DJJS, nursing homes, etc.)
2. This form must be completed by the custodial agency caseworker or agency staff working most closely with the clients. The caseworker must be very specific in the justification for the request and give enough detail for the Director/Superintendent of the custodial agency to make a determination of whether the request should be granted. **A request for a waiver of support payments should be based on facts.**
3. After the caseworker completes the form it needs to be approved by the following individuals in the following order: Caseworker’s Supervisor, Custodial Agency’s Regional Director and Division Director/Superintendent (or designee).
4. If the Regional Director or Division Director/Superintendent does not agree with the waiver request, it will be returned directly to the caseworker as denied. If both the Regional Director and Division Director/Superintendent approve this request, the request will be forwarded to ORS.

#### **Step 2 – Waiver is Requested For:**

The Agency hereby requests the Office of Recovery Services to waive the collection of child support in the following case(s):

##### **Parent(s) Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

##### **Children(s) Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

#### **Step 3 – Specific Reasons for the Request:**

Describe in detail how the collection of a support amount would be unjust, inappropriate, not in the best interest of the child(ren), or hinder reunification efforts in this particular case. Submit documentation that substantiates the request to the supervisor, Regional Director and Division Director/Superintendent of the Custodial Agency as directed by the Custodial Agency’s procedures.

##### **Custodial Agency:**

1. Initiating Caseworker Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

2. Caseworker’s Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Approve  Decline

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

3. Regional Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve  Decline

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

4. Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve  Decline  Emergency Request (no other Custodial Agency signatures required)

Comments (Required for Emergency Request): \_\_\_\_\_

#### **Step 4 – ORS Review and Response**

ORS worker Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

ORS processed request

Unable to process request due to:

No order established and support not waived for both parents  No state money  Other (see comments below)

Comments:

This waiver will last for the duration of the state custody which began on: \_\_\_\_\_. If state custody is terminated and then reinstated at a later date, a new waiver will be required.