## **Emergency Request to Change RFA Capacity**

## or Reactivate an Inactive RFA Home

This request is to incre	ease capacity or reactivate an inactive RFA	home for the specific placement of child(ren)
(Name)	who is/are in nee	ed of an emergency placement. As the SCSW
for the child(ren), I am	n requesting that the capacity of the approv	ved Resource Parent:
(Name)	be increased tempora	arily until a full assessment can be completed
or be reactivate	ed. I understand that if the full assessment	finds that the Resource Family Support
Division cannot increa	ise the capacity or reactivate the placemen	t for safety reasons, the child(ren) may need
to be replaced.		
Reason for request (c	heck all that apply):	
•	ent is a relative or NREFM	
<del></del>	e child/ren's siblings and this will allow then	n to be placed together
	,	, ,
My staff have contact	ed all the CSWs who have children placed in	n this home (or my CSW is responsible for all
•	me) and these CSWs do not see any risk to	
child(ren) is placed in	•	
Yes Unable to	Reach. Date attempted	
My staff have contact	ed the Resource Family Support CSW (Nam	e) on (Date)
		of the above named child(ren) in the home.
res Onable to	Reach. Date attempted	
The placing CSW asses	ssed this Resource Parent based on the eme	ergency placement criteria to determine
	the above named child(ren). I support placi	
SCSW Name:	SCSW Signature:	Date:
	d if (Check all that apply):	
-		
<del></del>	oval is Child Specific	
Placement of thes	e children will result in over 6 children in th	e home
Placement of thes	e children will result in more than 2 childre	n receiving a specialized rate
Placement of thes	e children will result in more than 2 childre	n under the age of 3-years-old
ARA Name:	ARA Signature:	Date