Alameda County Social Services Agency

Department of Children and Family Services

AB-1299 WAIVER REQUEST

Child/Youth Information		
Child/Youth Name:	Child/Youth Date of Birth:	County of Residence:
Date Team agreed to this request:	Date of next hearing:	
Caregiver Contact Information		
Caregiver Name:	Type of Placement: __Relative/NREFM __FFA __STRTP __County FC	Date Placed in County:
Caregiver Address:	Caregiver Phone:	Placed for 6 or more months: (YES/NO)

Assigned Social Worker Contact Information	
Name:	
Phone:	Email:
Child's Attorney Information	
Name:	
Phone:	Email:

Specialized Mental Health Services in Alameda County
Mark one or more of the four exceptions for waiver of a Presumptive Transfer: ○ The transfer would negatively impact mental health services being provided to the child/youth, or delay access to services provided to the foster child, or disrupt continuity of care, or delay access to services provided to a foster child; ○ The transfer would interfere with family reunification efforts documented in the individual case plan; ○ The foster child/youth's placement is in a county other than the county of original jurisdiction is expected to last less than six months; or ○ The foster child/youth's residence is within 30 minutes of travel time to the established SMHS provider in the county of original jurisdiction.
Summary of services needed in Alameda County: