

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(TELEPHONES)**



_____ APPLICANT/CAREGIVER FOSTER FAMILY HOME	_____ ADDRESS
_____ CITY, STATE, ZIP CODE	_____ FOSTER FAMILY HOME FILE NUMBER

Telephones (Section 89373) Discussion of Alternative Plan: _____

Caregiver/Applicant Signature _____ Date _____

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

- Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

- This alternative plan is denied based on the following: _____

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office