

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



\_\_\_\_\_  
APPLICANT/CAREGIVER FOSTER FAMILY HOME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a)) Discussion of Alternative Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Child	Sex	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Placement Worker's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Did the Placement Worker approve the Documented Alternative Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

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