

Adult Foster Care
Request for a Variance

Name of License Holder:

Corporation Address:

Site Address:

License Number:

Other License:

License Capacity:

Licenser:

Date of Request for Variance:

Section of rule for which requesting a variance:

Explain why a variance is being requested; explain how you will be out of compliance:

If approved, what specific alternative measures will be provided to ensure the health, safety, and protection of the persons in your care:

Requested Begin Date of Variance:

Requested End Dates of Variance:

Signature of License Holder: _____

Date: _____

Attach additional documentation as needed

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This section for agency use only

Licensors Comments:

Effective Dates:

Recommend: Approve Deny

Conditions, if any, of approval:

Signature of Licensors: _____

Date: _____

Signature of Supervisor: _____

Date: _____