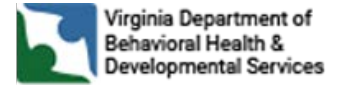




PROVIDER VARIANCE REQUEST FORM



Instructions: Please complete this form by responding to each question below. Only one regulation (or regulation grouping) may be addressed on each form. Please attach any drawings floor plans cost estimates pictures and other relevant documentation. Upon completion the provider will submit to the Licensing Specialist to forward to DBHDS Central Office for approval. The department must approve a variance prior to implementation.

1. Provider name:	
2. Office location name:	
3. Office location address:	
4. Office location telephone number:	
5. Type of service (sponsored residential, group home, day support):	
6. Name and title of person submitting variance request:	
7. Date submitted to DBHDS:	
8. Specific regulation number for which variance is requested: (e.g. 12VAC35-105-580. G):	
9. Statement of regulation: (e.g. The Provider shall provide physical separation of children and adults in residential and inpatient services and shall provide separate group programming for adults and children, except in the case of family services).	
10. Explain why the variance is being requested. (Explain how meeting the regulation is not possible or how the present situation creates a problem, unique hardship, etc.) :	
11. Describe efforts made to comply. (What efforts have been made to meet the intent of the regulation?):	
12. Describe the service impact on the individual. (How will the health and safety of the individual receiving services be met? Describe how services provided to the individual will potentially be impacted by the variance if approved.)	
13. Additional documents attached. (Select yes if providing additional documents to accommodate the variance.)	

Specialist's Name:

OL Recommendation:

Rationale:

Date:

Director's Name:

Date:

Commissioner's Approval:

Reason:

Commissioner's Signature: _____ **Date:** _____