Formal Application: Variance Request for LHRC Review

**Section 1. Identifying Information - For Provider Completion**

Individual’s Identifier: Provider:

LHRC Name: Date of Request: Click here to enter a date.

**Section 2. Type of Request - For Provider Completion**

[ ]  New Variance Request

[ ]  Renewal Variance Request

[ ]  Temporary Emergency Variance Request due to an individual(s) being in immediate danger

 based on the provider’s implementation of the regulations. Please complete **Section 3** and

 submit to the Commissioner, chairperson of the SHRC and State Human Rights Director for

 review. A decision will be issued within 48 hours of receipt of the request.

**Section 3. Variance Requirements - For Provider Completion**

***Please review the section below to select the appropriate option(s) for an LHRC review. Indicate that all required supporting documents have been attached by checking the applicable boxes.***

|  |
| --- |
| 1. [ ]  **The provider has received approval from governing body or Commissioner and**

 **is requesting a variance to the regulations (12VAC35-115-220.B).**   [ ]  Copy of approval from the provider, the governing body of the provider or  Commissioner, as appropriate, is attached. [ ]  The purpose of the variance is clearly defined. 1. [ ]  **Provider should attach the following documents: (12VAC35-115-220.C).**

 [ ]  Reference the specific parts of the regulations to which a variance is needed.  [ ]  Proposed wording of the substitute rule or procedure.  [ ]  Justification for variance - Specific language for justification for each variance is  included. [ ]  Time limits and other conditions for duration and circumstances that will end the applicability of the variance. |

**Section 4. LHRC Variance Application Review – For LHRC Completion Only**

***The LHRC will complete all elements below.***

|  |  |
| --- | --- |
| The LHRC invited oral or written statements about the application all of the following parties:  | [ ]  Human Rights Advocate[ ]  Individuals affected by the variance  evaluated (ex. medical)[ ]  Other interested persons:  |
| LHRC Recommendation: | [ ]  Approval [ ]  Modification – Complete Section 5.A[ ]  Disapproval – Complete Section 5.B |

**Section 5. LHRC Recommendations and Comments– For LHRC Completion Only**

***The LHRC makes the following recommendations (if applicable):***

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| --- |
| 1. Modifications recommended:
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| 1. Comments regarding disapproval:
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|  |  |
| --- | --- |
| LHRC Chairperson Signature |  Date: Click or tap to enter a date. |
|  |  |

**Section 6. SHRC Variance Application Review – For SHRC Completion Only**

***The SHRC will complete all elements below.***

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| --- | --- |
| The SHRC published the request for variance in the next issue of the Virginia register of regulations to invite statements from other interested persons. | [ ]  Yes Date Published: Click or tap to enter a date.Register Volume #: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  No  |
| The SHRC notified the Office of the State Inspector General of the request for variance. | [ ]  Yes Date Notified: Click or tap to enter a date.[ ]  No |
| The SHRC invited oral or written statements about the application from: ☐ Applicant Director☐ LHRC☐ Human Rights Advocate☐ Other interested persons:  | [ ]  Yes Date: Click or tap to enter a date.[ ]  No  |

**Section 7. SHRC Final Decision– For SHRC Completion Only**

***The SHRC makes the following decision which will be provided to the applicant director, the Commissioner or governing body, the State Human Rights Director, the human rights advocate, any person commenting on the request at any stage, and the LHRC. The decision and reasons shall also be published in the next issue of the Virginia Register of Regulations (please complete the following sections):***

|  |  |
| --- | --- |
| SHRC Decision: | [ ]  Deferred [ ]  Disapproved[ ]  Modified [ ]  Approved  |
| Conditions: |
| Time Frames (specific time period must be identified in this section): |
| Circumstances for Removal: |
| Reasons for the Decision: |

**Annual Review Date** (if approved): Click or tap to enter a date.

|  |  |
| --- | --- |
| SHRC Chairperson Signature |  Date: Click or tap to enter a date.  |