

# Variance Request



Department of Human Services  
 Division of Licensing  
 PO Box 64242  
 St. Paul, MN 55164-0242

**DHS use only**

Date received: \_\_\_\_\_

This information is available in other forms to people with disabilities by contacting us at 651-431-6500 (voice). TTY/TDD users can call the Minnesota Relay at 711 or 800-627-3529. For the Speech-to-Speech Relay, call 877-627-3848.

Pursuant to Minnesota Statutes, Section 245A.04, subdivision 9, (Human Services Licensing Act), the commissioner may grant variances to rules that do not affect the health or safety of persons in a licensed program if the following conditions are met:

1. The variance must be requested by an applicant or license holder on a form and in a manner prescribed by the commissioner.
2. The request for variance must include the reasons that the applicant or the license holder cannot comply with a requirement as stated in the rule and the alternative equivalent measures that the applicant or license holder will follow to comply with the intent of the rule.
3. The request must state the period of time for which the variance is requested.

The commissioner's decision to grant or deny a variance requested is final and not subject to appeal under provisions of Chapter 14.

Use black ink or type to complete your request. Incomplete variance requests will be returned.

<b>Complete one form for each variance request.</b>	
LICENSE NUMBER OF PROGRAM	RULE NUMBER
PROGRAM TELEPHONE NUMBER	FAX NUMBER
NAME/TITLE OF PERSON COMPLETING REQUEST (please print)	
SIGNATURE	DATE

Complete the mailing information below:

Program name: \_\_\_\_\_

Address/PO box: \_\_\_\_\_

City/state/ZIP code: \_\_\_\_\_

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Not Public

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NAME OF LICENSOR (IF KNOWN)
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Check the appropriate box.

New variance request       Renewal of current variance

Statute or rule to be varied (enter complete number):

Statute Section \_\_\_\_\_ Subdivision \_\_\_\_\_ or Rule part \_\_\_\_\_ Subpart \_\_\_\_\_

If this request is person specific complete the following:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reason(s) why the variance is requested:

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Additional alternate measures that will be taken to comply with the intent of the rule:

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Requested time period of variance (enter both effective and end dates or check continuous):

EFFECTIVE DATE OF VARIANCE	EXPIRATION DATE OF VARIANCE	<input type="checkbox"/> CONTINUOUS
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**Changes or modifications in the conditions of a continuous variance:** Any applicant or license holder must inform the commissioner of any changes or modifications that have occurred in the conditions that warranted the permanent variance. Failure to advise the commissioner shall result in revocation of the permanent variance and may be cause for other sanctions under sections 245A.06 and 245A.07.

**Attach applicable supplemental documentation as necessary**