

Georgia Department of Human Services
Office of Inspector General
Residential Child Care
Application for Variance or Waiver

I would like to apply for a variance or waiver and submit the following information for consideration:

1. Name of Licensed Facility: _____
Address of Licensed Facility: _____
City: _____ County: _____ Zip Code: _____
Phone Number of Facility: _____

2. Contact Person or Person Representing the Applicant: _____

3. Name of Resident the waiver application concerns (if applicable): _____

4. Date of Admission to Facility (if request is made on behalf of a specific resident): _____

NOTE: Attach recent evidence of medical evaluation to application if application involves the health status of the resident

5. Number(s) of the specific rule(s) (citations) for which variance or waiver is being requested:

6. Action requested (Check one): Variance _____ Waiver _____

(A variance is a request to permit some variation from the literal requirements of the rule. A waiver is a request to dispense with compliance with the rule entirely with no alternative standards proposed to be met for the specific rule to be waived.)

7. Facts supporting a claim of substantial hardship for the applicant and which are believed to justify the variance or waiver: _____

8. Alternative standards which the applicant agrees to meet instead of the rule: _____

9. Explanation as to how the alternative standards will afford adequate protection for the public health, Safety, and welfare _____

10. The reason why the variance or waiver requested would serve the purpose of the underlying statute:

8. The length of time that the variance or waiver is requested to last: _____

9. Date Application Submitted: _____

(Departmental use only)

Date application determined complete: _____ by: _____ Appendix 1

Instructions to Applicant Seeking Variance or Waiver:

In order to process your request for a variance or waiver, you must complete an **Application for Variance or Waiver**. (See above for application form.) All information requested must be supplied in order to have your application for a variance or waiver considered. If you require additional space to explain your request, you may attach a continuation sheet.

Section 1.

Applicant: List the name of the governing body who is responsible for holding the license for the particular program or facility.

Contact Person or Person Representing Applicant: This person many times will be the administrator of the facility. However, it could be an attorney or someone else designated by the license holder to provide information on behalf of the licensed facility concerning the variance or waiver request.

Section 2.

List each rule separately for which a variance or waiver is being requested.

Section 3.

Determine whether you are seeking a variance or waiver and check accordingly. Most requests are for variances. A variance is a request to permit some departure or variation from the literal requirements of the rule, e.g. the rule requires a 6 foot wide hall and your hall is 70 inches wide. A waiver is a request to dispense entirely with a specific rule, e.g. the rule requires the care giver to have a high school diploma or GED and the applicant has neither and doesn't plan to get one, but can read and write and follow directions.

If your request concerns a particular resident at your facility, please provide the date that the resident was admitted to the facility and attach a copy of a recent medical evaluation.

Section 4.

Explain how complying with the rule would cause you a substantial hardship and any other information you believe justifies your application. (Example: hall would have to be completely remodeled to add 2 inches to comply with the rule. Costs would be prohibitive.)

Section 5.

List the alternative standards or conditions you are willing to meet which relate to the underlying purpose of the rule for which a variance or waiver is being requested. (Example: no furniture will be placed in the hallway.)

Section 6.

Explain how the standards or conditions listed in Section 5 will provide adequate protection for the health, safety and welfare of the person receiving care through your licensed facility or program.

(Example: wide hallway is to ensure that public can exit the premises easily. Keeping the hall free of all furniture should ensure that people will be able to leave the area easily.)

Section 7.

Explain why you believe the variance or waiver would serve the purpose of the underlying statute.

(Example: Licensing statute exists to ensure that care is delivered safely. Variance with additional voluntary standards provides for safe care.)

Section 8.

State how long you want the variance or waiver to last. Variances or waivers are granted for a specific period of time. Example: one year, two years, ten years, etc.

Instructions for Appendix 1--Application for Variance or Waiver