



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

**OFFICE OF INSPECTOR GENERAL
RESIDENTIAL CHILD CARE LICENSING
APPLICATION FOR VARIANCE OR WAIVER**

SECTION I: Please document facility information CURRENTLY on file

Name of Licensed Agency / Facility:

Facility ID #:

Address:

City:

County:

Zip Code:

Agency / Facility Contact Information

Contact Person (Title) representing the applicant:

Email:

Phone Number:

SECTION II: Number(s) of the specific rule(s) for which the variance or waiver is requested:

Rule Number(s):

Action requested: Variance

Waiver

Renewal:

(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.)

Name of youth or employee the application concerns (if applicable):

Date of admission for the youth (if applicable):

**Attach supporting documentation including: medical evaluations, home study evaluations, photographs of sleeping arrangements, floor plans, college transcripts, etc. Failure to provide supporting documentation may result in the application being deemed incomplete and returned.*

APPLICATION FOR VARIANCE OR WAIVER

SECTION III:

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

SECTION IV:

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

SECTION V:

Explanation as to how the alternative standards will afford adequate protection for the public health, safety, and welfare:

SECTION VI:

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

Requested Duration of variance or waiver:

Additional Comments:

SECTION VII:

Statements of Responsibility:

By signing below, I attest that all information contained above is factual and understand that false or misleading statements made on any part of the application may void this application and may nullify any variance or waiver granted. I understand that submission of this application does not represent approval of any request contained therein and that additional actions may be necessary. The agency / facility must implement and comply with any terms and conditions established by the Department in order to operate under any waiver or variance granted. Variances or waivers shall not be sought or authorized when the granting of a waiver or variance would be harmful to public health, safety, or welfare or contrary to state law provisions.

Signature (Title):

Date:

The application and additional correspondence for variances and waivers must be submitted to RCCAPPS@DHS.GA.GOV. Please allow up to 30 days for processing.

APPLICATION FOR VARIANCE OR WAIVER

INSTRUCTIONS

O.C.G.A §50-13-9.1(c) requires this application for the petition for a variance or waiver be posted on the Georgia Secretary of State, Rules Waiver Register for a minimum of fifteen (15) days. 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. A **substantial hardship** means a significant, unique, and demonstrable economic, technological, legal, or other type hardship which impairs the ability to continue to function as a Child Welfare Agency.

Instructions to Applicant Seeking Variance or Waiver:

1. A complete application, all required attachments, and any additional information requested by the department must be provided for consideration of the application. All required information must be received prior to the petition request is posted information on the Georgia Secretary of State, Rules Waiver Register.
2. List each rule separately for which a variance or waiver is being requested. *Indicate if the request is a renewal from the previous year. (**Please note, renewal applications also require supporting documentation, which demonstrates the ongoing need for the waiver. As well as verification of compliance of the previously approved waiver.*)
3. Explain how complying with the rule would cause a substantial hardship and any other information you believe justifies your application. (*Example: The hallway would have to be completely remodeled to add 2 inches to comply with the rule. The costs would be prohibitive.*)
4. 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.*)
5. Explain how the standards or conditions listed in Section III 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.*)
6. 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.*)

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