

VARIANCE REQUEST

If you ask, we will give you this information in another form, such as Braille, large print or audiotape.

Pursuant to Minnesota Statutes, section 245A.04, subdivision 9, (Human Services Licensing Act) the Commissioner may grant variances to rule 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; and
3. The request must state the period of time for which the variance is requested.

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

If your request is not completed on both sides, in ink or typed, it will be returned to you.

Complete one form for each variance request.	
License number of program: _____	Rule Number: 2
Program Telephone Number: _____	Capacity: _____
Name of Person Completing Request: _____	
Signature: _____	Date: _____

Name of Licensor (if known): _____

New Request: _____ Renewal of Previously Approved Request: _____

Rule Part (enter complete number) _____ subpart _____

Reasons why the variance is requested: _____

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

Beginning and ending dates of variance request: _____

If this request pertains to a particular client or staff person complete the following:

Name: _____ DOB: _____ Male/Female

****** Attach applicable supplemental documentation as necessary ******

Do Not Complete Below This Line, for Licensor Use Only

The above variance request is: Approved: _____ Denied: _____

Conditions/Comments:

Variance Dates Approved: _____

If the license holder fails to meet conditions and/or measures taken to comply as stated, the variance is automatically and immediately rescinded.

Signature: _____ Date: _____