

Date of Application  Variance Identification Number

Issued by Variance Committee



STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES



BACKGROUND CHECK  
VARIANCE REQUEST APPLICATION

**\*\*This variance application must include all relevant information as stated in the variance request application requirements\*\***

Is this applicant being initiated by the Provider or Applicant? (check one)

Provider Initiated  Applicant Initiate

**1. Provider Information**

Facility/Provider Name:

Facility Physical Address including zip code:

Facility Mailing Address including zip code:

Phone #:  Fax #:

Administrator Name:

Name of facility contact/designee completing form on behalf of the Administrator

Facility contact/designee phone #:  Facility contact/designee fax #:

**Facility or Provider Type: (Check all that apply)**

<input type="checkbox"/> Adoption / Guardianship Subsidies	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Out Patient Chemical Treatment
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Freestanding Birth Center	<input type="checkbox"/> Outpatient PT, ST and OT
<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Residential Chemical Treatment
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Home and Community-based waiver	<input type="checkbox"/> Residential Child Care
<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Hospice Agency	<input type="checkbox"/> Personal Care Agency
<input type="checkbox"/> Case Management	<input type="checkbox"/> Hospital	<input type="checkbox"/> Respite Care Services
<input type="checkbox"/> Child Care	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Rural Health Clinic (including FESC)
<input type="checkbox"/> End Stage Renal Disease	Other (please list) <input type="text"/>	

Current Facility certification/license/approval expiration date:

### 3. Applicant Information

Applicant's Name:

Applicant's Physical Address including zip code:

Applicant's Mailing Address including zip code:

Phone #:

E-mail Address:

Current age of the applicant for whom variance is sought:

Age of applicant at time of the offense, problem or circumstance:

The amount of time that has passed since the most recent offense, problem or circumstance:

Individual's Job Title:

**Information related to the job responsibilities that would be performed, hours and days of service, whether the individual would be in contact with recipients of services, and plans of supervision, including whether the individual would be subject to direct supervision while on the premises during hours of operation: (attach if necessary)**

Job Responsibilities:

Hours and days of service:

Degree of contact with recipients of services:

Plans of supervision:

**If the individual will be performing the same duties at multiple sites of the same entity, please list all additional physical site locations (attach additional pages as necessary):**

**4. List the specific barrier crime(s) and/or condition(s) for which the variance is sought:**

**Is one or more of the Barrier Crime(s) or Condition(s) a Permanent Barrier Crime of Condition? (check one)**

No (complete section 5)

Yes (complete section 5 and 6)

**Please give an explanation of how the health, safety, and welfare of recipients of services will be adequately protected (attach additional pages as necessary):**

**Please submit rational why the Department should grant the variance (attach additional pages as necessary):**

What circumstance led to the barrier condition/crime? The statement should include information regarding what occurred before, during, and after the incident, as well as any mitigating circumstance surrounding the

incident. (Use additional pages if necessary)

Information/documentation regarding the extent, nature, and seriousness of the following; (Use additional pages if necessary)

- the individual's offense and past criminal record (including crimes committed that are not currently barriers seen court view)
- a behavioral health problem if it exist
- a domestic violence problem if it exists

**5. The following attachments are REQUIRED for all applications, please check all attachments provided in the Application:** Please check all of the following attachments that are included in the request packet (if an item is not include please explain why)

Copy of letter from the Department's Criminal Background Check Unit (BCU) that was sent to the individual

- Attached
- Not Attached (explain)

Copies of any Protective Orders

- Attached
- Not Attached (explain)

Indictment or charging documents **including** crimes where the individual was charged without subsequent conviction

- Attached
- Not Attached (explain)

Conviction or judgment documents, including if convicted of a lesser charge or issued a suspended imposition of sentence

- Attached
- Not Attached (explain)

If the individual was incarcerated please include:

- copy of the order from the local, state, or federal jurisdiction that released the individual from incarceration
- the date of release
- any terms and conditions of parole.

- Attached
- Not Attached (explain)

If the individual was sentenced and, as part of that sentence, the individual was placed on supervised or unsupervised probation, a copy of the terms and conditions of probation, including documentation of release of probation

- Attached
- Not Attached (explain)

Evidence of rehabilitation, prevention, or treatment efforts (including court ordered treatment, drug rehabilitation, alcohol treatment, behavioral treatment)

- Attached
- Not Attached (explain)

At least two letters of recommendation from credible persons who acknowledge their awareness of the individual's criminal and/or civil history, behavioral health problem, or domestic violence problem, and who clearly make a recommendation as to whether or not a variance should be granted in their letter.

- the two letters must be from persons who are unrelated to the individual for whom the variance is requested and who are not associated with the entity or provider that is submitting the request for a variance.
- The applicant may submit additional recommendations from anyone.
- Other Information showing evidence of the individual's present fitness.

Attached

Not Attached (explain)

**6. If the barrier crime or condition is a permanent barrier, please attached or include the following information in your packet;**

Statement as to whether there were mitigating circumstances involved at the time of the offense;

Attached

Not Attached (explain)

The individual's educational and employment history; (resume with education)

Attached

Not Attached (explain)

Any current letters of recommendation from employers or other individuals submitted in addition to the minimum required

Attached

Not Attached (explain)

Whether the individual is licensed under AS 08 (Alaska Professional Licensing), or became licensed after the individual was convicted of the offense or listed on the centralized registry;

Attached

Not Attached (explain)

Whether the individual passed a criminal history check conducted by the department before February 9, 2007, but after the individual was convicted of the offense; and

Attached

Not Attached (explain)

Whether the individual was issued a variance by the department before February 9, 2007, but after the individual was convicted of the offense for which the variance was issued.

- Attached
- Not Attached (explain)

17. Is all required information attached to this request? Yes  No

### **Variance Request Application Requirements**

Variance request applications must be submitted to the department office responsible for the entity's or provider's licensing, certification, approval, or finding of eligibility to receive payments. The request must be submitted no later than 30 days after the entity or provider receives notice that a barrier crime or condition exists for an individual or no later than 30 days after the department issues a decision on reconsideration, if applicable. (7 AAC 10.930 Request for a variance)

Variance requests must be submitted on a form supplied by the department and must include the following (7 AAC 10.930 Request for a variance):

#### **General Information**

The Department will not grant a variance from the requirement for conducting a criminal history check for an individual who has regular contact with recipients of services or a crime or civil finding for which federal law prohibits certain approvals, or restricts payment of benefits, during the most stringent barrier period set by federal law for that crime or civil finding.

The review committee may require the individual for whom a variance is sought to appear in person or by telephone for an interview.

If the review committee, after its review of available information, determines that the health, safety, and welfare of recipients of services will be adequately protected, the review committee will recommend that the commissioner grant the request for a variance. If the review committee determines that the health, safety, and welfare of recipients of services will not be adequately protected, the review committee will recommend that the commissioner deny the request for a variance.

If the application is for an individual with a permanent barrier, the review committee is required to send their recommendations to the oversight agency's Division Director for his/her recommendations and comments before it is sent to the Commissioner's office for the final decision.

\_\_\_\_\_  
Printed Name of Person Completing Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing Application