

**General Variance Application for Residential Licensing:
AS 47.32 and 7 AAC 10.9500**

Facility Type:

Assisted Living Home Maternity Home Residential Child Care Facility Residential Child Care Facility

Specialization, if Applicable for Children’s Residential Facilities:

Emergency Shelter Care Emergency Shelter Care for Runaways Supervised Transitional Living
 Pregnancy and Parenting Adolescents Substance Use Treatment for Children Wilderness and Adventure Experience

Population License Type, if an Assisted Living Home:

Those who have a physical disability, who are elderly, who have dementia, but who are not chronically mentally ill.
 Those who have a mental or developmental disability.

Name of Facility: _____

Administrator: _____

Name of person completing the request on behalf of the Administrator: _____

Facility Physical Address: _____

Facility Mailing Address: _____

Facility Contact Phone Number: _____ Facility Fax Number: _____

License Details (If Applicable): N/A, the entity is not currently licensed.

Current License Dates: _____ to _____ License Number: _____ Capacity: _____

**To complete your request for a general variance the following items must be addressed.
Instructions regarding the application are attached. Please add additional pages if needed.**

1. Which regulation or statute are you requesting a variance from that cannot be met?

2. Provide a description of the reason your facility is unable to meet the requirement, a description of how your facility is not or will not be in compliance, and the extent to which compliance with the requirement will impose any substantial economic, technological, programmatic, legal, or medical hardship on the entity or recipients of services:

3. What is the period of time variance requested?

4. What are your proposed alternative ways to meet the requirement?

5. How will the health, safety and welfare of the residents will be protected if the variance is approved?

6. What is your plan to achieve compliance before variance expires?

7. What assurance are there the conditions do not present an imminent danger to the health, safety, or welfare of recipients of services?

8. If your request for a variance involves fire safety or another state or municipal requirement, you must attach evidence that the request has been reviewed and approved by the appropriate authority.

Yes, it is attached. No, it is not attached. N/A, this requirement does not apply to me.

If you checked yes, please provide a list of attached items:

9. Provide a list of names of the recipients of services who would be affected by the variance, and the names and addresses of any representatives of those recipients of services.

10. For an Assisted Living Home, assurance that the notice requirements of 7 AAC 10.9515 (See FAQ) will be met.

Yes, I provided notice. No, I did not provide notice. N/A, this requirement does not apply to me.

Please attach a copy of the Notice provided:

Yes, the notice is attached. No, the notice is not attached. N/A, this requirement does not apply to me

11. If requested by the department attach any additional information requested by the department:

Yes, the notice is attached No, the notice is not attached N/A, this requirement does not apply to me

If you checked yes, please provide a list of attached items

Signature of Administrator or Designee: _____

Printed Name of Administrator or Designee: _____ Date: _____

General Variance Application Instructions:

1. Identify the regulation you are requesting the variance for. (example - 7 AAC 75.210 (c) (2))
2. Explain why you are not able to meet the regulations you identified in #1.
3. Identify the amount of time you would like this variance to be approved for. (The Department may not approve a variance beyond the Home's current licensing period. When the license expires, the variance will need to be renewed with the Home's license. This will require you to submit a new variance request)
4. Identify any alternative ways the regulation you identified in #1 could be complied with.
5. Since the Home is requesting a variance for the regulation in #1, the Home needs to submit a plan that explains how they will ensure the health, welfare, and safety of the residents will be protected.
6. Submit a plan showing how the Home intends to comply with the regulation identified in #1 and therefore will no longer need the variance. (Keep in mind there are some variances where the Home may never be able to comply with the regulation identified in #1 – talk with your Licensing Specialist if you have questions about this)
7. Submit an assurance that the conditions that would be present, since the Home cannot comply with the regulation identified in #1, would not present an imminent danger to the health, safety, or welfare of the residents.
8. If the regulation identified in #1 is related to fire safety, or is also required by another state or Municipal agency, then the Home needs to submit documentation showing those other agencies have reviewed and approve the Home's request for a variance of the regulation identified in #1.
9. Submit a list of the residents this variance request would affect.
10. Submit documentation that all the residents and/or guardians have or will be informed of the Home's variance request, what the variance is for, and how to contact the department to provide comment.
11. If the Department has asked you to submit anything else, you will list it here.