Chemical Use Problems – Child Foster Care & Family Child Care Variance Request Form

For child foster care - Minnesota Rules, part 2960.3060, subp. 3C. requires that the applicant/license holder and adult household members must sign a statement that they have been free of chemical use problems for the past two years.

For family child care – Minnesota Rules, part 9502.0335, subp. 6A. requires that an applicant or provider shall not be issued a license or the license shall be revoked, not renewed, or suspended if the applicant, provider, or any other person living in the day care residence or present during the hours children are in care, or working with children abuses prescription drugs or uses controlled substances as specified in Minnesota Statutes, chapter 152, or alcohol, to the extent that the use or abuse has or may have a negative effect on the ability of the provider to give care or is apparent during the hours children are in care. Caregivers who have abused prescription drugs or have been dependent on controlled substances as specified in Minnesota Statutes, chapter 152, or alcohol, such that the use, abuse, or dependency has had a negative effect on the ability to give care, was apparent during the hours children are in care, or required treatment or therapy, must have 12 months of verified abstinence before licensure.

Effective August 1, 2015, Minnesota Statutes, section 245A.16, subd. 1 (a) (7) states that a variance to the above requirements may only be issued by the Department of Human Services.

The applicant, license-holder, household member or caregiver may submit this completed form to the county or child-placing agency to request a variance to the applicable requirement above.

Date Form Completed	
Name of Applicant or License holder	
Name of Person Needing the Variance	
Relationship	☐ Applicant ☐ License holder ☐ Household Member ☐ Caregiver
Type of Licensed Program	☐ Child Foster Care ☐ Family Child Care
License Number (if licensed)	
CFC only: Do you have a relative child placed in your home?	☐ Yes ☐ No ☐ Not applicable
Name of county or child-placing agency responsible for licensing	

Please provide detailed information to the following questions:

1. What is/are the chemical use problem(s) for which you are requesting a variance?
   (Examples may include an arrest/charge for driving under the influence, voluntary or involuntary alcohol or chemical dependency treatment, use of controlled substances without authorization, etc.)

2. When did the chemical use problem(s) occur? (Provide specific dates if applicable)

3. Describe all information regarding the chemical use problem(s).

4. How did/does your use of chemicals affect other persons, including children?

5. Did the chemical use problems occur more than once? If so, how many times? How often do you /have you used chemicals?

6. If more than one chemical use problem occurred, what amount of time passed between the problems?

7. Why do you think you would not pose a risk of harm to children served by your program?

8. What type of treatment or ongoing support, if any, have you received because of the chemical use problems? Please describe and state when it occurred, what was involved, how long it lasted and if you successfully completed it. (Submit documentation of completion if any)

9. Provide any other information that could assist the Commissioner in determining whether or not to grant a variance to your chemical use problems.