CEILING HEIGHT VARIANCE REQUEST FORM
ADULT FOSTER CARE (AFC)/COMMUNITY RESIDENTIAL SETTING (CRS)

Minnesota Rules, part 9555.6205, subp. A (1)
Minnesota Statutes, section 245D.24, subd. 3 (b)

Program Name: _____

Address: _____

Date: _____ AFC/CRS License #: _____

Reason why the variance is requested: _____

_____

_____

Specific alternate measures that will be taken to comply with the intent of the rule/statute (required):

_____

_____

_____

If this request is person specific complete the following:

Name/initials:	Date of birth:

Requested time period of the variance (enter both effective and end dates <u>or</u> check continuous):

Effective date of variance:	Expiration date of variance:	☐ Continuous

Changes or modifications in the conditions of a continuous variance: Any applicant or license holder must inform the commissioner of any changes or modifications that have occurred in the conditions that warranted the permanent variance. Failure to advise the commissioner shall result in revocation of the permanent variance and may be cause for other sanctions under sections 245A.06, and 245A.07.

Signature of person requesting variance: _____ Date: _____

County recommendation for approval of variance: ☐ YES ☐ NO

Signature of county licensor: _____ Date: _____

FOR CRS ONLY (DHS Family Systems must approve ceiling height variances for CRS):

The variance request is: Approved ☐ Denied ☐

Conditions/comments: _____

_____

_____

Signature of DHS representative: _____ Date: _____