Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3141-ENG 7-18

Office of Inspector General / Licensing Division
PO Box 64242
St Paul, MN 55164-0242

Variance Request

Please complete one form for each variance request.
Use Black ink or type to complete this request. Incomplete variance requests will be returned.

Program Name, Address, City, State, Zip	License Number:
	Rule/Statute Number:
Phone Number:	Email Address:
Name of Licensor: (if known)	Program Fax Number:

Pursuant to Minnesota Statutes, Section 245A.04, subdivision 9, (Human Services Licensing Act), the commissioner may grant variances to rules that do not affect the health or safety of persons in a licensed program if the following conditions are met:

- The variance must be requested by an applicant or license holder on a form and in a manner prescribed by the commissioner.
- 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.
- The request must state the period of time for which the variance is requested.

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

Type of Variance (New or Renewal)

☐ New Variance Request ☐ Renewal of Current Variance

Statute or rule to be varied (enter complete number)

Statute Section:	Subdivision:	or Rule Part:	Subpart:

If the request is person specific, complete the following:

Name (First/Last):	Date of Birth (mm/dd/yyyy):

Reason why the Variance is Requested:

Any additional alternate measures that will be taken to comply with the intent of the rule/statute:

Requested time period of variance. (Enter both effective and end dates or 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.

Print name of person reqesting variance:	Title:	Date:

This information is available in other forms to people with disabilities by contacting us at 651-431-6500 (voice). TTY/TDD users can call the Minnesota Relay at 711 or 800-627-3529. For the Speech-to-Speech Relay, call 877-627-3848.

Please attach all applicable supplemental documentation. For instance, if this request is for a person, please attach all required education and personnel information.