



# Temporary Variance to Admit a Child for Care in an Assisted Living Home

## 7 AAC 75.415 and 7 AAC 10.950

State of Alaska  
Department of Health  
Division of Health Care Services  
Residential Licensing

**To complete your request for a temporary variance to admit a child for care in an assisted living home, the following application must be completed. Please enclose additional pages if needed.**

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**1. Please provide the following information regarding the Licensed Assisted Living Home:**

Name of Home: \_\_\_\_\_

Administrator: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Home Contact Phone Number: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

License Number (Leave blank if unlicensed): \_\_\_\_\_

**2. Please provide the following information regarding the child you're requesting to admit.**

Name (First, M, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Legal Guardian's Phone Number: \_\_\_\_\_

Legal Guardian's Email Address: \_\_\_\_\_

If applicable:

Care Coordinator Name: \_\_\_\_\_

Care Coordinator Phone Number: \_\_\_\_\_

Care Coordinator Email Address: \_\_\_\_\_

Office of Children's Services (OCS) Contact Information:

Caseworker Name: \_\_\_\_\_

Caseworker Phone Number: \_\_\_\_\_

Caseworker Email Address: \_\_\_\_\_

Division of Juvenile Justice (DJJ) Contact Information:

Caseworker Name: \_\_\_\_\_

Caseworker Phone Number: \_\_\_\_\_

Caseworker Email Address: \_\_\_\_\_

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- 3. How long do you wish to provide care for the child you're requesting a variance for:**

- 4. Provide a detailed statement of why your Home is seeking a variance to admit a child. Please indicate in your statement if you have applied to become foster care licensed.**

- 5. Please identify the services the Home will be providing the child including any health-related services. Please identify any current or planned trainings/certifications to address the child's needs for example: MANDT, CPI, Medication Administration, Mental Health First Aid.**

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- 6. Safety Plan: How will the health, safety and welfare of the child be protected if the variance is approved?**  
**Note: The Department requires the Home to provide a designated caregiver for the child and separate staffing for any adults receiving care.**

- 7. Safety Plan: How will the health, safety and welfare of the adults residing in the Home be protected if the variance is approved? Note: The Department requires the Home to provide a designated caregiver for the child and separate staffing for any adults receiving care.**

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- 8. Does the Home currently have any residents receiving care?** \_\_\_\_\_  
**If yes, please provide the full name of each resident, their date of birth, the full name of their legal representative, and their legal representative contact phone number.**

Note: Each resident and/or their legal representative must approve of the Home's proposed safety plan (Question 6 & 7) to admit a child for care for the Department to grant a variance. There is a sample notice at the end of this application you may use to provide notice and approval. Include the documented approval from the resident and/or their representative with this application.

**9. Documents Required:**

**Include the following documentation with this application; failure to provide all items will delay your request:**

1. Letter of recommendation from all of the child's legal representatives and Care Coordinator as to why your home would best meet the needs of the child.
2. A signed and complete Assisted Living Plan, Home Community Based Services Support Plan, or Treatment Plan for the child outlining any diagnoses and level of care needed.
3. A restraint assessment or other type of assessment acknowledging your home is able to provide the needed care to the minor.
4. A physician's statement documenting the child is able to receive their needed care in your home.
5. A staffing plan indicating one-on-one staffing for the child 24/7 while in the home, and the additional staff to supervise the other residents.
6. Documented acknowledgement by other residents and/or legal representatives, approving the proposed safety plan for the placement of the child in the Home.

**Signature of Administrator:** \_\_\_\_\_

**Printed Name of Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_