



State of Alaska
Department of Health & Social Services
Division of Health Care Services

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

7 AAC 75.415 and 7 AAC 10.950

Assisted Living Home License Type:

- Those who have a physical disability, who are elderly, who have dementia, but who are not chronically mentally ill (SS).
Those who have a mental or developmental disability (DD/MH).
Those who have physical disability, are elderly or suffer from dementia and/or have a mental or developmental disability (DU).

To complete your request for a temporary variance to admit a child, the following items must be addressed.
Instructions regarding the application are attached. Please add additional pages if needed.

1. Assisted Living Home Information:

Name of Home:
Administrator:
Home Physical Address:
Home Mailing Address:
Home Contact Phone Number:
Home Email Address:
License Details (If Applicable):
License Number: Capacity:
Current License Dates: to

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 to the child your request a variance for:

- Until the child turns 18 years old.
- Until the following date: _____

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? Yes No

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:

- Letter of recommendation from all of the child's legal representatives as to why your home would best meet the needs of the child.
- Letter of recommendation from the child's Care Coordinator.
- 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.
- A restraint assessment or other type of assessment indicating that your home is able to provide the needed care to the minor.
- A physician's statement documenting the child is able to receive their needed care in your home.
- 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.
- Documented Acknowledgement by other residents and/or legal representatives, approving the placement of the child in the Home.

Signature of Administrator: _____

Printed Name of Administrator: _____ Date: _____

For Residential Licensing Use Only:

Reviewed by: _____ Date: _____