



General Variance Application for an Assisted Living Home
AS 47.32, 7 AAC 10.1000, & 7 AAC 75

Facility Information:

Name of Facility: _____

Administrator: _____

Name of person completing the application: _____

Facility Physical Address: _____

Facility Mailing Address: _____

Facility Contact Phone Number: _____

Facility Contact Email Address: _____

License Details: N/A, the entity is not currently licensed.

Current License Dates: _____ to _____ **License Number:** _____

Serving a Population of:

- 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 (DDMH).
- Those who have a physical disability are elderly or suffer from dementia and/or have a mental or developmental disability (DU).

Directions: To complete your request for a general variance the following questions must be addressed. Please add additional pages if needed.

1. Which regulation and/or statute requirement are you requesting a variance from?

2. Please explain why your facility cannot meet the regulation or statute requirement, how it is currently not meeting it or may not meet it in the future, and whether meeting the requirement would cause significant financial, technical, operational, legal, or medical challenges for your facility or the residents you serve.

9. Provide a list of names of the residents that would be affected by the variance, and the names and addresses of any representatives of those residents.

10. You must notify all residents and/or their representatives that your facility is requesting a variance. Your notice must explain what the variance request is for and how they can contact the Department to provide comments. Comments may be sent to your assigned licensing specialist or emailed to DOH.RL.Info@alaska.gov. A copy of the notice must be attached.

- Yes, is attached.
- No, my notice is not attached.

Attestation Statement:

With my signature below, I certify the information contained in this variance application and all applicable attachments are true, accurate, and complete. I understand providing false information to the Department may result in administrative actions up to and including revocation of a license.

Signature of Administrator: _____

Printed Name of Administrator: _____ Date: _____