



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

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 your assisted living home, the following application must be completed. Please enclose additional pages if needed.**

If granted the variance will be from "AS 47.33.990. Definitions. (16) "resident" means an adult who has signed a residential services contract with and resides in an assisted living home;"

## 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. 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.**

**7. Initial Documents Required:**

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

1. A letter from the child's Care Coordinator, Social Worker, or a Licensed/Certified Professional, confirming the identified services the Home will be providing the child as outlined in Question 5.
2. Physician's statement as defined in AS 47.33.990 Definitions (14).  
Note: The needs and services identified in the physician's statement must align with those listed in Question 5 of this application.
3. Restraint assessment conducted by the Administrator.
4. Staffing plan detailing 24/7 one-on-one staffing for the child, along with additional staff coverage for other residents.
5. Safety Plan for Child and Adults in Care in Assisted Living Home

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

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



# SAFETY PLAN FOR CHILD AND ADULT(S) IN CARE IN ASSISTED LIVING HOME

**Directions:** The following safety plan is required for a variance to admit a child into an assisted living home. Once approved by the Department, the Department will return a signed approval of the safety plan to the Home. The Home must then send the approved plan to the child’s legal representative and all adults (and their representatives) identified in question 6 of the application for signature. All signed safety plans must be returned to the Department before the variance can be approved.

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

**Safety Plan for Child and Adult(s) in care:** The safety plan must explain how the health, safety, and welfare of the child and adults in the Home will 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. (Attach additional pages if needed)

Safety Plan Approved by Residential Licensing: \_\_\_\_\_ On: \_\_\_\_\_

For the legal representative of child and adults only, please sign one.

I \_\_\_\_\_ the legal representative of \_\_\_\_\_ **Approve** of  
the Safety Plan to admit a child into care at the Assisted Living Home name above.

I \_\_\_\_\_ the legal representative of \_\_\_\_\_ **Disapprove**  
of the Safety Plan to admit a child into care at the Assisted Living Home name above.

Please return this signed safety plan to the Home’s Administrator or send to [DOH.RL.Info@alaska.gov](mailto:DOH.RL.Info@alaska.gov)