



APPLICATION FOR PRIVATE SECURE FACILITY, CHILD CARING INSTITUTION, OR GROUP HOME WAIVER / VARIANCE

State Form 57073 (2-21)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

- Please complete this application form in accordance with IC 31-27-2-8; Granting of variances and waivers. Use this application to:
 - Submit an application requesting a Private Secure Facility (PSF), Child Caring Institution (CCI), or Group Home (GH) waiver or variance; or
 - Revise a previously denied request for a CCI or GH waiver or variance.
- For **all new and revised** application requests, determine if your agency is requesting a waiver or variance based on the definitions below. Once identified, please complete the appropriate section. Complete **Section 1** to request a waiver or **Section 2** to request a variance. Only one (1) waiver or variance request may be submitted on each application form.
- Each new and revised** application must be completed in its entirety. Failure to fully complete an application will result in the waiver / variance application being denied and returned to your agency.
- Submit the completed application form via e-mail to your Indiana Department of Child Services (DCS) Residential Licensing Specialist (RLS).

DEFINITIONS:

Rule: A specific section and/or subsection of Indiana Administrative Code (IAC)

Variance: Official permission granted by DCS to meet the intent of a specific rule in a way other than specified by the rule

Waiver: Official permission granted by DCS not to meet a specific regulation

Type of request (<i>Check one</i>) <input type="checkbox"/> New <input type="checkbox"/> Revised – A copy of the original application must be attached to a revised application form.	
Name of agency	License number
Address of agency (<i>number and street, city, state, and ZIP code</i>)	
Name of individual applying for waiver / variance	
<p>Section 1 – If your agency is requesting a waiver, please complete Section 1 by typing into the box located directly below, providing as much detail as possible. Please attach any supporting documentation and enumerate your waiver application request in accordance with the following:</p> <ol style="list-style-type: none"> Citation of the specific rule for which the waiver is being requested; Description of the waiver being requested; Support (include attachments) to demonstrate that compliance with the rule specified in this application for the waiver will create an undue hardship on the applicant for the waiver; Support (include attachments) that the applicant for the waiver will be in substantial compliance with the rules adopted by DCS after the waiver is granted; and Documentation that noncompliance with the rule specified in this application for a waiver will not be adverse to the health, safety, or well-being of a child receiving services from the applicant for the waiver. In the event of a case-specific request, please include the youth's name and date of birth. 	
<p>Section 2 – If your agency is requesting a variance, please complete Section 2 by typing into the box located directly below, providing as much detail as possible. Please attach any supporting documentation and enumerate your variance application request in accordance with the following:</p> <ol style="list-style-type: none"> Citation of the specific regulation or rule for which the variance is being requested; Description of the variance being requested; and Documentation that compliance with an alternative method of compliance approved by DCS will not be adverse to the health, safety, or welfare of a child receiving services from the applicant for the variance. In the event of a case-specific request, please include the youth's name and date of birth. 	
Signature of License Administrator (<i>This application form must be signed by administrator on the license.</i>)	Date (<i>month, day, year</i>)
Printed name of License Administrator	E-mail address