

Name of applicant Name of program Addicess (number and street, city, state, and 2P code) Variance / Waiver number  I am applying for a variance of Child Care Home Regulation 470 IAC 3-1. Presse identify the exect regulation cite: OR OR I am applying for a variance of Child Care Home Regulation 470 IAC 3-1. Presse identify the exect regulation cite: NAMACE RECUEST I am applying for a variance of Child Care Home Regulation 100 IAC 3-1. Presse identify the exect regulation cite: NAMACE RECUEST I am applying for a variance of any child receiving services in my child care home: (// additional space is needed, please attach additional space is needed, please	County		License number	
Address (number and alreet, oily, state, and ZiP code) Variance // Waiver number  Address (number and alreet, oily, state, and ZiP code)  I am applying for a variance of Child Care Home Regulation 470 IAC 3-1.  Preser identify the exact regulation cite:  Net an applying for a waiver of Child Care Home Regulation 470 IAC 3-1.  Preser identify the exact regulation cite:  Net an applying for a waiver of Child Care Home Regulation 170 IAC 3-1.  Preser identify the exact regulation cite:  Net an applying for a waiver of Child Care Home Regulation 170 IAC 3-1.  Net an applying for a waiver of Child Care Home Regulation 170 IAC 3-1.  Net an applying for a waiver of Child Care Home Regulation 1 an requesting approval of the following alternative method of compliance which I feel which I be advress to the health, safety or weffare of any child receiving services in my child care home. (I' additional space is needed, please attach additional sheet.)  Net REQUEST I am unable to comply with the above Child Care Home Regulation. Complying with the specified regulation would create an undue hardship for the following reason(s).  Net REQUEST I am unable to comply with the above Child Care Home Regulation. Complying with the specified regulation would create an undue hardship for the following reason(s).  Net REQUEST I am unable to comply with the above Child Care Home Regulation. Complying with the specified regulation would create an undue hardship for the following reason(s).  Net REQUEST I am unable to comply with the above Child Care Home Regulation. Complying with the specified regulation because:  Net REQUEST I am unable to comply with the adverse to the health, safety or weffare of any child receiving services in my child care home because:  Net REQUEST  Second or (I):  Approval of this waiver will not be adverse to the health, safety or weffare of any child receiving services in my child care home because:  Approval of this waiver will not be adverse to the health, safety or weffare of any child receiving services in	Name of applicant			
Variance / Walver number         I am applying for a variance of Child Care Home Regulation 470 IAC 3-1.       Please identify the exact regulation cite:         I am applying for a variance of Child Care Home Regulation 470 IAC 3-1.       Please identify the exact regulation cite:         I am applying for a variance of Child Care Home Regulation 470 IAC 3-1.       Please identify the exact regulation cite:         I am applying for a variance of Child Care Home Regulation 470 IAC 3-1.       Please identify the exact regulation cite:         I am unable to comply with the above Child Care Home Regulation are requesting approved of the following alternative method of compliance which I feel will not be adverse to the health, safety or welfare of any child receiving services in my child care home: (if additional space is needed, please attach additional sheet.)         I am unable to comply with the above Child Care Home Regulation. Complying with the specified regulation would create an undue hardship for the following reason(b):         I am unable to comply with the above Child Care Home Regulation. Complying with the specified regulation would create an undue hardship for the following reason(b):         I the waiver is approved. I will be in substantial compliance with the Child Care Home Regulation because:         I         Septoval of this waiver will not be adverse to the health; safety or welfare of any child receiving services in my child care home because:         Septoval of this waiver will not be adverse to the health; safety or welfare of any child receiving services in my child care home because:         Septoval of this wa	Name of program			
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I am applying for a variance of Child Care Home Regulation 470 IcC 3-1.  OR  I am applying for a waiver of Child Care Home Regulation 470 IcC 3-1.  VARIANCE RECUEST I am unable to comply with the above Child Care Home Regulation and the complexity of the following alternative method of compliance which I feel will not be adverse to the health, safety or welfare of any child receiving services in my child care home. ( <i>If additional space is needed, please attach additional space</i> )  WAIVER RECUEST I am unable to comply with the above Child Care Home Regulation. Complying with the specified regulation would create an undue hardship for the following reason(s):  If the waiver is approved, I will be in substantial compliance with the Child Care Home Regulation because:  Approval of this waiver will not be adverse to the health, safety or welfare of any child receiving services in my child care home because:  Signature of licensee  Date (month, day, yeer)  Check one (1):  Approved Denied  Signature of Consultent  Date (month, day, yeer)  Date (month, day, yeer)  Check one (1):  Approved Denied  Signature of Consultent  Date (month, day, yeer)  Check one (1):  Approved Denied  Signature of Consultent  Check one (1):  C	Variance / Waiver number			
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Approval of this waiver will not be adverse to the health, safety or welfare of any child receiving services in my child care home because:         Signature of licensee         Date (month, day, year)         Check one (1):         Approved         Denied         Signature of Consultant         Date (month, day, year)				
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Signature of licensee       Date (month, day, year)         OFFICE USE ONLY       Date (month, day, year)         Check one (1):       Please check one only:         Approved       Denied         Signature of Consultant       Date (month, day, year)	If the waiver is approved, I will be in substantial compliance with the Child Care Home Regulation because:			
Signature of licensee       Date (month, day, year)         OFFICE USE ONLY       Date (month, day, year)         Check one (1):       Please check one only:         Approved       Denied         Signature of Consultant       Date (month, day, year)				
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OFFICE USE ONLY         Check one (1):       Please check one only:         Approved       Denied         Signature of Consultant       New Request         Date (month, day, year)	Approval of this waiver will not be adverse to the health, safety or welfare of any child receiving services in my child care home because:			
OFFICE USE ONLY         Check one (1):       Please check one only:         Approved       Denied         Signature of Consultant       New Request         Renewal       Date (month, day, year)				
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Check one (1):     Please check one only:       Approved     Denied       Signature of Consultant     New Request         Date (month, day, year)				
Approved     Denied     New Request     Renewal       Signature of Consultant     Date (month, day, year)				
Signature of Consultant Date (month, day, year)			ewal	
Signature of Regional Manager     Date (month, day, year)				
	Signature of Regional Manager		Date (month, day, year)	