

Choices for Care - Regulation/Policy

Variance Request Form

- **Instructions:** The Choices for Care program has regulations and policies governing the program. Complete this form for individuals who require an exception to a current regulation or policy and meet the variance criteria. Send the request to the contact noted at the bottom of the form. Requests will be reviewed by the Adult Services Division (ASD) at the Department of Disabilities Aging and Independent Living (DAIL). *One request per form please.*
- **Variance Criteria:** A variance to a Choices for Care regulation or policy will only be approved in situations in which the variance is necessary to protect or maintain the health, safety or welfare of the individual. (See *CFC Regulations, Section XI.*)

Completed by Case Manager or Flexible Choices Consultant:

1. Individual's Name: _____ 2. Date of Birth: _____
2. Site CFC Regulation/Policy: _____
3. Describe the request, including the individual's unmet need for which a variance is necessary: (Use the back if needed.)

4. Describe the risk posed to the individual's health, safety or welfare without the variance:

5. What other options have been explored to the meet the unmet need?

Case manager/Consultant name: _____

Agency: _____ Phone number: _____

Signature: _____ Date: _____

Send request to: Mail: Choices for Care Program, Division of Disabilities, Aging and Independent Living, 280 State Drive HC2 South, Waterbury, VT 05671-2070, **or FAX:** (802) 241-0385 Attention: ASD.

ASD Team Decision: Approve Deny Partial Approval: _____

LTCCC: _____

Comments:

DAIL Authorized Signature: _____ Date: _____

NOTE: A notice must be sent to the individual and case manager/consultant.