CHILD FOSTER CARE
MAXIMUM CAPACITY
VARIANCE REQUEST FORM
Minnesota Rules, part 2960.3030, subp. 3

Provider Name_______________________________________________________________________________________________________________________________________________

Address________________________________________________________________________________________________City/Zip_________________________________________________________

Date_____________________________________ License number:________________________________________________ Licensor__________________________________________

1. Current licensed capacity is __________foster children.  Requested capacity is _________________foster children.

2. Reason for requesting variance to exceed capacity limits must meet the following conditions:
   a) Placement is necessary to:  _________keep a sibling group together; ________keep a child in the child’s home community; __________foster child

   b) There is no risk of harm to the children currently in the home. (explain): ________________________________________________________________________
   ____________________________________________________________________________________________

   c) The structural characteristics of the home, including sleeping space, can accommodate the additional foster child(ren.)  Please describe: _____________________
   ____________________________________________________________________________________________

   d) The home remains in compliance with applicable zoning, health, fire, and building codes.  Attach any relevant documentation.

   e) The statement of intended use states the conditions for the exception to capacity limits and explains how an adult-to-child ratio will be maintained which ensures the

   safety and appropriate supervision of all the children in the foster home.  Please summarize here: __________________________ __________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

3. **Name or initials** and **date of birth of individual(s) for whom variance has been requested**:  __________________________
   ____________________________________________________________________________________________

4. Begin and end dates of variance request________________________________________

5. Signature of person requesting variance:________________________________________Date:________________________________________

6. Signature and title of person authorizing variance:_______________________________Date:________________________________________

March 2008