EXPIRATION OF DISQUALIFICATION VARIANCE – FOSTER CARE

Name of Agency Making Recommendation: _____________________________________________________

Name of License Holder: ________________________________________________________________

License Number: _________________________________________________________________________

Name of Subject: ________________________________________________________ ___________________

Reason for Disqualification: ________________________________________________________________________________________

Date Variance Granted: _________________________ Date Variance Expires: ________________________

Agency Recommendation:

___ Renew the variance with the same terms.

___ Renew variance with these terms:

______________________________________________________________________ _______

______________________________________________________________________ _______

___ Set aside the disqualification at this time because:

______________________________________________________________________ _______

___ Do not renew the variance because:

___ The applicable disqualification period has expired.

___ The subject is no longer subject to a background study because (attach relevant documentation such as change of address form, new driver’s license, lease, purchase agreement, documentation from the employer of unemployed status, or other documentation):

______________________________________________________________________________

______________________________________________________________________________

___ Other reason:

______________________________________________________________________________

______________________________________________________________________________

If you spoke with a Family Systems licensing consultant about this variance, please complete the following:

Name of consultant _________________________________ Date of contact: ____________________________

Signature of Licensor: ______________________________  Date this form completed: ____________________

PLEASE ATTACH ANY RELEVANT DOCUMENTATION AND FORWARD THIS FORM TO THE ATTENTION OF DIVISION OF LICENSING- LEGAL SUPPORT AT DHS AT LEAST 6 WEEKS BEFORE THE VARIANCE WILL EXPIRE.