

# REQUEST FOR WRIGHT COUNTY FOSTER FAMILY SETTING VARIANCE

Child Foster Care

Licensors: Jill Marzean Phone: 763-682-7484 or 1-800-362-3667

Provider Name (print clearly): \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Class of License: **Foster Family Setting**  
Foster Residence Setting  
Treatment Foster Care  
Licensed for \_\_\_\_\_ Children

City/Zip \_\_\_\_\_

1. For what section(s) of the Rule do you want a variance?  
Capacity Limits 2960.3030 Subp 2. Other (please describe)
2. How will you be out of compliance with the licensing rule?
3. For what time period are you requesting the variance? (include beginning and ending dates)
4. If the variance is approved, what specific alternative measures will you provide so the health, safety and protection of the children in your care will be assured?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:

*Jill Marzean, Licensors  
Wright County Human Services  
1004 Commercial Drive  
Buffalo, MN 55313-1736*



*(This section to be completed by Licensing Agency)*

To grant a **Capacity Variance** (2960.3030 Subp. 2), one of the following is needed:

Placement is necessary to:

Also, all of the following must apply:

VARIANCE Approved

Denied Reason: \_\_\_\_\_

Licensors' Signature: \_\_\_\_\_ Date: \_\_\_\_\_