

REQUEST FOR WRIGHT COUNTY FOSTER FAMILY SETTING VARIANCE

Child Foster Care

Licensors: Marisa Ferguson Phone: 763-682-7484 or 1-800-362-3667

Provider Name (print clearly): _____ License#: _____

Address: _____ Class of License: **Foster Family Setting**
Foster Residence Setting
City/Zip _____ Treatment Foster Care
Licensed for _____ Children

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:

*Marisa Ferguson, Licensors Wright
County Human Services
13650 Braddock Ave NE Suite 2100
Buffalo, MN 55313*

(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: _____