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|  | **APPLICATION FOR LICENSED CHILD PLACING AGENCY (LCPA) WAIVER / VARIANCE**  State Form 57259 (9-23)  DEPARTMENT OF CHILD SERVICES | | |
| ***INSTRUCTIONS:***   1. *Administrator or designee please complete this application form in accordance with IC 31-27-2-8; Granting of variances and waivers. Use this application to:*    1. *Submit an application requesting a Licensed Child Placing Agency (LCPA) waiver or variance; or*    2. *Revise a previously denied request for a LCPA waiver or variance.* 2. *For* ***all new and revised*** *application for LCPA waiver/variance requests, determine if your agency is requesting a waiver or variance based on the definitions below. Once identified, complete:*   *a.* ***Section 1*** *to request a waiver, or*  ***b. Section 2*** *to request a variance.*  ***Note:*** *Only one (1) waiver or variance request may be submitted on each application form.*   1. ***Each******new and revised*** *application for LCPA waiver/variance must be completed in its entirety. Failure to fully complete an application will result in the waiver / variance application being denied and returned to your agency.* 2. *Submit the completed application form via e-mail to your Indiana Department of Child Services (DCS) LCPA Licensing Specialist.*   **DEFINITIONS:**  Rule: A specific section and/or subsection of Indiana Administrative Code (IAC); Variance: Official permission granted by DCS to meet the intent of a specific rule in a way other than specified by the rule; Waiver: Official permission granted by DCS not to meet a specific regulation | | | |
| Type of request *(Check one)*  New  Revised – *A copy of the original application* ***must*** *be attached to a revised application form.* | | | |
| Name of agency | | | License number |
| Address of agency *(number and street, city, state, and ZIP code)* | | | |
| Name of individual applying for waiver / variance | | | |
| **Section 1 – If your agency is requesting a *waiver*, please complete Section 1 by typing into the box located directly below, providing as much detail as possible. Please attach any supporting documentation and enumerate your *waiver* application request in accordance with the following:**   1. Citation of the specific rule for which the waiver is being requested; 2. Description of the waiver being requested; 3. Support (include attachments) to demonstrate that compliance with the rule specified in this application for the waiver will create an undue hardship on the applicant for the waiver; 4. Support (include attachments) that the applicant for the waiver will be in substantial compliance with the rules adopted by DCS after the waiver is granted; and 5. Documentation that noncompliance with the rule specified in this application for a waiver will not be adverse to the health, safety, or well-being of a child receiving services from the applicant for the waiver.   **Note:** In the event of a case-specific request, please include the youth’s name and date of birth. | | | |
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| **Section 2 – If your agency is requesting a *variance*, please complete Section 2 by typing into the box located directly below, providing as much detail as possible. Please attach any supporting documentation and enumerate your *variance* applicationrequest in accordance with the following:**   1. Citation of the specific regulation or rule for which the variance is being requested; 2. Description of the variance being requested; and 3. Documentation that compliance with an alternative method of compliance approved by DCS will not be adverse to the health, safety, or welfare of a child receiving services from the applicant for the variance.   **Note:** In the event of a case-specific request, please include the youth’s name and date of birth. | | | |
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| Signature of License Administrator *(This application form must be signed by administrator on the license.)* | | | Date *(month, day, year)* |
| Printed name of License Administrator | | E-mail address | |