

**Georgia Department of Community Health  
Healthcare Facility Regulation Division-- Application for Variance or Waiver**

I would like to apply for a variance or waiver and submit the following information for consideration:

1. Name of Licensed Facility: \_\_\_\_\_  
Address of Licensed Facility: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number of Facility: \_\_\_\_\_  
Contact Person or Person Representing the Facility: \_\_\_\_\_  
Name of Resident the waiver application concerns (if applicable): \_\_\_\_\_  
Date of Admission to Facility (if request is made on behalf of a specific resident): \_\_\_\_\_  
NOTE: Attach recent evidence of medical evaluation to application if application involves the health status of the resident.
2. List the specific rule(s) (citations) for which variance or waiver is being requested (e.g. 111-8-62-.16(1)(b):  
\_\_\_\_\_
3. Action requested (check one): Variance \_\_\_\_\_ Waiver \_\_\_\_\_  
(A variance is a request to permit some variation from the literal requirements of the rule. A waiver is a request to dispense with compliance with the rule entirely with no alternative standards proposed to be met for the specific rule to be waived.)
4. Facts supporting a claim of substantial hardship for the applicant and which are believed to justify the variance or waiver: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Alternative standards which the applicant agrees to meet instead of the rule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Explanation as to how the alternative standards will afford adequate protection for the public health, safety and welfare: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The reason why the variance or waiver requested would serve the purpose of the underlying statute:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. The length of time that the variance or waiver is requested to last: \_\_\_\_\_
9. Date Application Submitted: \_\_\_\_\_

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(Departmental use only)  
Date application determined complete: \_\_\_\_\_ by: \_\_\_\_\_ Appendix 1  
2/01/10

## **Instructions to Applicant Seeking Variance or Waiver:**

In order to process your request for a variance or waiver, you must complete an **Application for Variance or Waiver**. (See above for application form.) All information requested must be supplied in order to have your application for a variance or waiver considered. If you require additional space to explain your request, you may attach a continuation sheet.

### **Section 1.**

Licensed facility: List the name, address and phone number of the licensed facility.

Contact Person or Person Representing Facility: This person many times will be the administrator of the facility. However, it could be an attorney or someone else designated by the license holder to provide information on behalf of the licensed facility concerning the variance or waiver request.

### **Section 2.**

List each rule separately for which a variance or waiver is being requested.

### **Section 3.**

Determine whether you are seeking a variance or waiver and check accordingly. Most requests are for variances. A variance is a request to permit some departure or variation from the literal requirements of the rule, e.g. the rule requires a 6 foot wide hall and your hall is 70 inches wide. A waiver is a request to dispense entirely with a specific rule, e.g. the rule requires the care giver to have a high school diploma or GED and the applicant has neither and doesn't plan to get one, but can read and write and follow directions. If your request concerns a particular resident at your facility, please provide the date that the resident was admitted to the facility and attach a copy of a recent medical evaluation.

### **Section 4.**

Explain how complying with the rule would cause you a substantial hardship and any other information you believe justifies your application. (Example: hall would have to be completely remodeled to add 2 inches to comply with the rule. Costs would be prohibitive.)

### **Section 5.**

List the alternative standards or conditions you are willing to meet which relate to the underlying purpose of the rule for which a variance or waiver is being requested. (Example: no furniture will be placed in the hallway.)

### **Section 6.**

Explain how the standards or conditions listed in Section 5. will provide adequate protection for the health, safety and welfare of the person receiving care through your licensed facility or program. (Example: wide hallway is to ensure that public can exit the premises easily. Keeping the hall free of all furniture should ensure that people will be able to leave the area easily.)

### **Section 7.**

Explain why you believe the variance or waiver would serve the purpose of the underlying statute. (Example: Licensing statute exists to ensure that care is delivered safely. Variance with additional voluntary standards provides for safe care.)

### **Section 8.**

State how long you want the variance or waiver to last. Variances or waivers are granted for a specific period of time. Example: one year, two years, ten years, etc.

**Waiver Applications for Residents Who Do Not Meet  
Admission/Retention Criteria  
[Rule 111-8-62-.16(1)(b) or .16(2)]**

Additional Information Needed

1. Date of admission
2. Date of Birth
3. Current physical exam
4. Floor plan of facility – indicate resident’s room, exits/ramps and escape routes
5. Current staffing schedule – include sitter schedule, if applicable
6. Current census
7. List of current active waivers
8. Copy of the last 3 fire drills with at least one fire drill conducted when residents are sleeping
9. Hospice, Home Health or other service providers’ plans of care, if applicable
10. A statement from the fire marshal that “the facility continues to meet all fire safety code regulations with a resident(s) on site who is mostly incapable of self preservation”
  - The statement must be based on the most current fire inspection.
  - Before fire marshal makes the above statement, the facility must advise the fire marshal of the residents in the facility who are mostly incapable of self preservation.

**The above information must be submitted with the waiver application or the waiver cannot be processed. Absence of this documentation will delay or result in denial of the waiver request.**

**FIRE SAFETY APPROVAL FORM**  
**Required for Personal Care Home Waiver Applications for**  
**Residents Who Do Not Meet Admission/Retention Criteria**  
**[Rule 111-8-62-.15(1)(b)]**

Name of Home: \_\_\_\_\_

Address:  
\_\_\_\_\_

Owner's Phone Number:  
\_\_\_\_\_

Name of resident or residents who are mostly incapable of self-preservation:  
\_\_\_\_\_

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**TO BE COMPLETED BY THE FIRE INSPECTOR**

I, \_\_\_\_\_  
have inspected the above listed Personal Care Home or Community Living Arrangement.

\_\_\_ I and am aware that the above identified resident(s) who are mostly incapable of self-preservation live in the home.

\_\_\_ I have reviewed the home's fire drills and the home remains in-compliance with the NFPA 101 Life Safety Code, 2012 Edition, O.C.G.A. Secs. 120-3-3 and 120-3-20, the International Fire Code, 2012 Edition, and applicable local fire ordinances.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Name of Fire Department: \_\_\_\_\_

Phone Number: