

Variance Request

This form must be completed by the provider and the CDDP or ODDS before sending to DHS for processing. Please see the reverse side for instructions on how to complete this form.

1. County: _____ 4. OAR: _____

2. Agency/provider: _____ Section: _____

3. Site address: _____

5. Reason for proposed variance:

6. Alternative practice proposed (*attach any supporting documentation*):

7. _____
Agency/provider representative signature Date

8. CDDP/ODDS Specialist recommendation:

9. _____
Signature of CDDP Director/designee/ODDS Specialist Date

10. ODDS Director or designee approval/denial: Approved Denied

11. _____
Signature ODDS Director/designee Date

Check type of services:	<input type="checkbox"/> 24-hour Residential	<input type="checkbox"/> Other: _____
<input type="checkbox"/> CDDP	<input type="checkbox"/> Adult Foster Home	<input type="checkbox"/> Family Support <input type="checkbox"/> Employment
<input type="checkbox"/> Supported Living	<input type="checkbox"/> Support Services	<input type="checkbox"/> Child Foster Home <input type="checkbox"/> CDDP in-home

Please return to: DHS/ODDS, DD Licensing Unit
PO Box 14540, Salem OR 97309

Phone: 503-945-7800
Fax: 503-373-2228

Variance Request Instructions

Online forms must be completed in triplicate and signed before submitting.

Please complete the Variance Request as follows:

1. County: County where services are being provided.
2. Agency name: Name of agency or provider that is providing the service.
3. Site address: The address of the site.
4. OAR: The administrative rule number that identifies the area of the rule for which you are requesting a variance.
Section: The specific section of the rule that pertains to your variance request.
5. Reason for proposed variance: The explanation of why the variance is being requested.
6. Alternative practice proposed: Alternative methods that you are proposing.
7. Agency or provider representative signature: Signature of the person from agency or the provider submitting variance.
8. County Developmental Disabilities Program (CDDP) recommendation: The county recommendation to approve or disapprove the requested variance.
9. Signature of CDDP/designee/ODDS Specialist: Signature of the CDDP or designee.
10. ODDS Director or designee's approval/disapproval: Reason for approval or denial and a time frame.
11. **Signature:** Signature of the person that has reviewed the request and completed item 10.
12. **Type of service:** The type of services that is provided at the site.

The appropriate colored copy will be distributed to all parties after the variance request has been reviewed.

If you need to order more Variance Request forms (DHS 6001) or have questions, call the DD Licensing Unit at 503-945-7800.