

Health Care Facility Variance Request

902 KAR 20:008 License procedures and fee schedule, Section (5) Variances (1) The Inspector General may grant a health care facility a variance from a facility specification requirement if the facility establishes that the variance will:

- (a) Improve the health, safety, or welfare of a resident or patient; or
- (b) Promote the same degree of health, safety, or welfare of a resident or patient as would prevail without the variance.

Requestor Information

Name:	Title:
Organization:	CHFS/OIG Project #: LH
Mailing Address:	
Telephone Number:	E-mail Address:

Health Care Facility Information

Facility Name:	Facility License #
Physical Address:	
Occupancy Type:	
Facility Administrator:	
Mailing Address:	
Telephone Number:	E-mail Address:

Variance Information

Is variance request for a facility not at the physical address listed above? Yes No
(If Yes, provide the information below.)

Facility Physical Address: _____

Occupancy Type: _____

In the boxes provided below, please list each specific regulation affected:

Specific reason for the request: (Please attach any additional information.)

Evidence in support of the request: (Please attach any additional information.)

Additional Comments: (Please attach any additional information.)

_____	_____	_____
Signature of Authorized Representative	Title	Date

Variance request and supporting documentation can be submitted via e-mail to CHFSOIGHCProjects@ky.gov or mailed to CHFS/OIG/DHC Architects, 275 East Main Street, Frankfort, KY 40621.