

**VARIANCE REQUEST – WAIT LIST**

A variance request is required in order to receive an exception to the Medicaid Home and Community-Based Waiver wait list policy.  
Use of this form is optional.

Name – Applicant	Date of Birth	Date Placed on Wait List	Date of Request
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Potential Funding Source (Check one)

- |                                  |                                 |                                   |
|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> COP – W | <input type="checkbox"/> CIP IA | <input type="checkbox"/> CLTS DD  |
| <input type="checkbox"/> CIP II  | <input type="checkbox"/> CIP IB | <input type="checkbox"/> CLTS PD  |
| <input type="checkbox"/> BIW     |                                 | <input type="checkbox"/> CLTS SED |

Name - Care Manager / Support and Service Coordinator	Contact Information (Telephone / email)
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Name - Agency
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Describe how this applicant meets the criteria to be granted an exception as outlined in DLTC Memo 2009-11. Describe the applicant’s current situation and the agency’s tentative / proposed service plan.

Submit variance request to:

- COP-W / CIP II – Kevin Lafky (BLTS)
- CIP 1A / 1B – Area Quality Specialist (AQS)
- CLTS – Children’s Services Specialist (CSS)

Approved     Denied

<b>SIGNATURE</b> – Authorized BLTS Representative	Date Approved/Denied
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