

Variance Criteria

A variance will only be approved in situations in which the additional funding is necessary to protect or maintain the health, safety or welfare of the individual. (See CFC Regulations, Section XI.)

Variance Requests shall be submitted by the AFC Authorized Agency and shall include the following (please feel free to submit in a separate word document in the below format if more space is needed):

1. The tier being requested
2. An explanation of why the individual's specific care needs cannot be met with the current tier
3. A description of the actual/immediate risk posed to the individual's health, safety or welfare
4. The intended goals and outcomes for the individual
5. Other options that have been explored to meet the unmet need
6. Other important info
7. Budget Request

Client Name: _____ **Date of Birth:** _____

Mailing address: _____

Current location (if different than mailing): _____

Authorized Agency submitting the request: _____

Name of the person completing this form: _____ Phone: _____

1. Current Tier from AFC ILA: _____ Requested Tier Variance: _____

2. Please give an explanation of the individual's specific unmet care needs and describe why they cannot be met with the current tier.

3. Please give a description of the actual and/or immediate risk posed to the individual's health, safety or welfare.

Client Care Needs and Social History

Two Person Assist in 1 or more ADLs: Toileting Transferring Bathing Dressing Mobility

Medical Treatments: Oxygen Therapy Chemotherapy Radiation Therapy Gastric Tube Feeding
Parenteral Feedings Dialysis Transfusions Wound Care Medication Injections Suctioning
Other: [Click here to enter text.](#)

Traumatic Brain Injury: Yes No

Dementia/Alzheimer's Diagnosis: Yes No

Memory and Use of Information: No Difficulty Minimal Difficulty (cueing 1-3x/day)
Difficulty Remembering (cueing 4+ x/day) Cannot Remember

Decision making regarding tasks of daily life:

- Independent (decisions consistent/reasonable)
- Modified Independence (some difficulty in new situations)
- Moderately Impaired (decisions poor; cues/supervision)
- Severely Impaired (never/rarely makes decisions)

Behaviors: Wandering Verbal Aggression Physical Aggression Socially Inappropriate
Resistant to Care Other: [Click here to enter text.](#)

Mental Health Diagnosis/treatment plan: [Click here to enter text.](#)

Psychologist Psychiatrist CRT Other: [Click here to enter text.](#)

Behavior Plan: Yes No

High Risk Factors: Alcohol dependency Drug dependency Smoking

Self-Neglect: Yes No

Adult Protective Services: Past Current: [Click here to enter text.](#)

History of Incarceration: Yes No

If yes, please explain: [Click here to enter text.](#)

Violent Behavior: Yes No If yes, please explain: [Click here to enter text.](#)