



BACKGROUND CHECK VARIANCE REQUEST APPLICATION

****All information must be legible and must include all relevant information as stated in the variance request application requirements****

1. Applicant Information

Preferred Contact Method: Email Phone Mail

Applicant's Name:

Applicant's Physical Address:

Applicant's Mailing Address:

Applicant's Phone Number:

Applicant's E-mail Address:

Current Age of Applicant:

Age of Applicant at the time of the offense, problem or circumstance:

Amount of time that has passed since the most recent offense, problem or circumstance:

2. Provider Information (if known)

Facility/Provider Name:

Facility Physical Address including zip code:

Facility Mailing Address including zip code:

Phone #:

Administrator Name:

Name of facility contact/designee completing form on behalf of the Administrator:

Facility contact/designee phone #:

3. Facility or Provider Type: (Check all current or potential provider types the applicant may work in)

<input type="checkbox"/> Adoption / Guardianship Subsidies	<input type="checkbox"/> End Stage Renal Disease	<input type="checkbox"/> Outpatient PT, ST and OT
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Residential Chemical Treatment
<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Freestanding Birth Center	<input type="checkbox"/> Residential Child Care
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Personal Care Agency
<input type="checkbox"/> Behavioral Health Treatment	<input type="checkbox"/> Home and Community-based waiver	<input type="checkbox"/> Respite Care Services
<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Hospice Agency	<input type="checkbox"/> Rural Health Clinic (including FESC)
<input type="checkbox"/> Case Management	<input type="checkbox"/> Hospital	<input type="checkbox"/> Substance Use Treatment
<input type="checkbox"/> Child Care	<input type="checkbox"/> Nursing Facility	
<input type="checkbox"/> Other (please list)		

4. Provide copies of all known and available information relevant to determining whether the health, safety, and welfare of recipients of services will be adequately protected. If information is not available, please explain why it is not available and what steps were taken to obtain the records. Provide copies, as applicable, of:

4a. All protective order to which the applicant has been a party.

I have never been a party in a domestic violence order.

All copies of protective orders are attached.

I have been a party in a domestic violence order, but the information is not attached. Please explain why the information is not attached:

4b. All charging documents to include any charges where the applicant was not convicted. This information should cover the applicant's entire history, not limited to the barrier crime or condition.

I have attached all charging documents as they relate to my criminal history, including those where I was not subsequently convicted.

I have attached all charging documents as they relate to my barrier crime or condition, but I have not included all charging documents as it relates to my entire history. Please explain what documents are missing and why they are not attached:

4c. All conviction documents to include all convictions regarding the applicant's criminal history.

I have never/not yet been convicted of any crime.

I have attached all conviction documents as they relate to my criminal history.

I have attached all conviction documents as they relate to my barrier crime or condition, but I have not included all conviction documents as it relates to my entire history. Please explain what documents are missing and why they are not attached:

4d. If the applicant was incarcerated, all copies of releases from incarceration, dates of release from incarceration, and any terms and conditions of parole.

I have never/not yet been incarcerated.

I have attached all Release of Incarceration documents along with the dates of my release and any terms and conditions of parole.

I have attached all Release of Incarceration documents as it relates to my barrier crime, but I have not included all such documents as it relates to my entire history. Please explain what documents are missing and why they are not attached:

4e. If the applicant was sentenced and the individual was placed on supervised or unsupervised probation, a copy of the terms and conditions of probation. Include, as applicable, any Release of Probation documentation.

I have never been placed on supervised or unsupervised probation.

I have attached all probation documents as they relate to my criminal history.

I have not attached all probation documents as they relate to my criminal history. Please explain why the documents are not attached:

5. A behavioral health problem is defined as a mental disorder, substance use disorder or co-occurring disorder. Attach as necessary information regarding the extent, nature and seriousness of a behavioral health problem.

I do not have a behavioral health problem.

I have attached an explanation how my mental disorder, substance use disorder, or co-occurring disorder was a factor in my barrier crime or condition.

I have not attached a behavioral health explanation. Please explain why the documentation is not attached:

6. A domestic violence problem means the individual has been charged and/or convicted of a crime involving domestic violence or is or has been subject to a protective order. Attach as necessary information regarding the extent, nature, and seriousness of a domestic violence problem.

I do not have a domestic violence problem.

I have attached an explanation how my domestic violence problem was a factor in my barrier crime or condition.

I have not attached a domestic violence problem explanation. Please explain why the documentation is not attached:

7. Attach an applicant's detailed statement of any and all mitigating circumstances that were involved at the time of the offense. This should include information regarding what happened prior to, during and after the barrier crime or condition.

I have attached a detailed statement regarding the specific barrier crime and/or condition.

I have not attached a detailed statement regarding the specific barrier crime and/or condition. Please explain why the documentation is not attached:

8. Attach an applicant's statement describing all actions the individual has taken to reduce the risk of reoffending. Include copies of any rehabilitation, prevention, or treatment efforts, if applicable.

I have not attached the required applicant's statement. I understand this may be cause for denying my variance request as incomplete.

I have attached an applicant's statement to include copies of any rehabilitation, prevention, or treatment efforts.

I have attached an applicant's statement but not all copies of my rehabilitation, prevention, or treatment efforts are included. Please explain what documentation is missing:

9. Attach at least two letters of recommendation from credible persons who are aware of the applicant's criminal and civil history, behavioral health problem, or domestic violence problem, and who would, despite that knowledge, recommend a variance be granted. Letters must be from persons who are unrelated to the individual for whom the variance is requested and who are not associated with any provider who may associate/hire the individual. Nothing prevents the applicant for submitting any additional letters of recommendation.

I attached at least two letters of recommendation meeting the criteria above.

I have not attached at least two letters of recommendation meeting the criteria above. Please explain why the documentation is not attached:

***** Special Note:** It is best if the required letters of recommendation include reference contact information, such as email and/or phone number, the date on which the reference was written, and clearly states the reference is knowledgeable of the applicant's history and despite that knowledge, would recommend a variance for providing services to vulnerable populations.

10. Attach information relating to the current or potential job duties and responsibilities, including hours and days of service, whether the individual would be in direct contact with recipients of services and plans for supervision, including whether the individual would be subject to direct supervision.

I have attached information relating to the current or potential job duties and responsibilities.

I have not attached information relating to the current or potential job duties and responsibilities. Please explain why the documentation is not attached:

11. Attach a description of the applicant's educational and employment history.

I have attached information relating to my education and employment history.

I have not attached information relating to my education and employment history. Please explain why the documentation is not attached:

12. A copy of my professional license and/or certification such as a Registered Nurse license, Physician's license, Certified Nurse Aid certification, etc. is attached.

I have never held a professional license and/or certification in Alaska or any other state.

I currently hold a valid professional license and/or certification in Alaska or in another state. A copy is attached.

My professional license or certification was first issued before the department determined a barrier crime or condition existed and before being convicted of a criminal offense.

My professional license and/or certification was issued after the department determined a barrier crime or condition existed and after being convicted of a criminal offense.

I no longer hold a valid professional license and/or certification. Please explain why the license and/or certification is no longer valid:

13. Attach a copy of the Barrier determination or Revocation notice issued to the applicant by the Background Check Program.

I have attached a copy of my barrier determination or revocation notice.

I have not attached my barrier determination or revocation notice. Please explain why the documentation is not attached:

14. Attach an explanation of how the applicant and/or provider intend to ensure the health, safety, and welfare of recipients of services will be adequately protected. This may include plans for supervision, prohibition of certain duties within the entity, etc.

I have attached an explanation of how the health, safety, and welfare of recipients of services will be protected.

I have not attached explanation of how the health, safety, and welfare of recipients of services will be adequately protected. Please explain why the documentation is not attached:

15. Attach a comprehensive rationale for why the department should grant the variance. This may include an additional applicant's statement, explanation why the provider believes the applicant should be placed in or continue in their position, etc.

I have attached a comprehensive rationale for why the variance should be granted.

I have not attached a comprehensive rationale for why the variance should be granted. Please explain why the documentation is not attached:

SPECIAL NOTE:

All variance request sections and subsections of the Background Check Variance request must be answered and all required information attached. If any section and/or subsection is left blank or any other requested information is not included in the variance request, your request may be denied. Please ensure all information is attached. Should you have any questions regarding the completion of a variance request, please contact the entity or provider's oversight agency responsible for the licensing, certification, approval or finding of eligibility to receive payments.

Variance Request Application Requirements

Variance request applications must be submitted to the department office responsible for the entity or provider's licensing, certification, approval, or finding of eligibility to receive payments. The request must be submitted no later than 90 days after the entity or provider receives notice that a barrier crime or condition exists for an individual or no later than 90 days after the department issues a decision on reconsideration, if applicable. (7 AAC 10.930 Request for a variance)

General Information

The Department will not grant a variance for a crime or civil finding for which federal law prohibits certain approvals, or restricts payment of benefits, during the most stringent barrier period set by federal law for that crime or civil finding.

The review committee may require the individual for whom a variance is sought to appear in person or by telephone for an interview.

If the review committee, after its review of available information, determines that the health, safety, and welfare of recipients of services will be adequately protected, the review committee will recommend that the commissioner grant the request for a variance. If the review committee determines that the health, safety, and welfare of recipients of services will not be adequately protected, the review committee will recommend that the commissioner deny the request for a variance.

If the application is for an individual with a permanent barrier, the review committee is required to send their recommendations to the oversight agency's Division Director for his/her recommendations and comments before it is sent to the Commissioner's office for the final decision.

Signature of Applicant for whom the variance request is submitted

Date

Signature of Provider Administrator or Designee
(If submitted through a provider)

Date

Background Check Variance Request
Recommendation Letter

This form is not required to be used, but can be used as it identifies all information needed from the individual providing the reference.

This reference is being provided for

Printed Name of Individual

My name is:

My contact information is:

Phone:

Email:

My relationship to this individual is:

(Reference person may not be related to the individual nor affiliated with the provider for whom the individual desires to work)

I have known this individual for:

I understand this individual is applying to work, volunteer, or otherwise be affiliated with an entity that provides services to vulnerable populations. Yes No

I am aware of the individual's past history that is preventing the individual from affiliating with an entity that provides services to vulnerable populations. Yes No

Please provide additional information regarding this individual as to why you recommend a background check variance be granted:

Signature:

Date: