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| MISSOURI DEPARTMENT OF SOCIAL SERVICES | P. O. BOX 88 |
| CHILDREN'S DIVISION | JEFFERSON CITY, MO 65103 |
| **APPLICATION FOR VARIANCE - RESIDENTIAL TREATMENT AGENCY FOR CHILDREN AND YOUTH** | |

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| **LEGAL NAME OF AGENCY** | **TELEPHONE NUMBER** |
| **ADDRESS(STREET NUMBER, CITY, COUNTY, ZIP CODE)** | |

Explain

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| We hereby request a variance of Section 13 CSR 35-71. |  |  |
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| This request should be granted for the following reasons: |  | |
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| I certify the information provided with this application to be true: | |
| **SIGNATURE OF DIRECTOR OR BOARD CHAIRMAN** | **DATE** |
| **TITLE** | |

**DO NOT WRITE BELOW THIS LINE**

**RESPONSE TO REQUEST FOR VARIANCE**

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| The variance is approved for the period ending: |  |

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| The variance is approved with the following conditions. |  |
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| The variance is denied. | |  | |
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| **SIGNATURE OF RESIDENTIAL PROGRAM UNIT STAFF** | | **DATE** |
| **TITLE** | | |