





Department of Family and Community Services - Office of Children's Services BACKGROUND CHECK VARIANCE REQUEST APPLICATION FOR FOSTER CARE LICENSING AND ADOPTION/GUARDIANSHIP

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 double check to make sure all information is attached. Should you have any questions regarding the completion of a variance request, please contact the Office of Children's Services (OCS) for assistance.

Variance Request Application Deadlines (see 7 AAC 10.930 Request for a variance):

Variance request applications must be submitted to OCS or bcpvariance@alaska.gov. Please contact your licensing specialist or regional permanency specialist for specific instructions. The request must be submitted to OCS no later than **90 days** after you receive a barring notice.

General Information:

After a variance application has been received, the application has three levels of review: a regional-level OCS committee, a statewide variance committee, and the Commissioner's Office of the Department of Family and Community Services (DFCS). The committees will review the information in the application and will make a recommendation to approve the variance if the committee feels that the health, safety, and welfare of the children in the home will be adequately protected. The Commissioner's Office makes the final decision to approve a variance after reviewing the application along with the recommendations of the previous committees. Although it is rare, the committees or the Commissioner's Office may contact you to request an interview.

If you have a permanent barrier, the review committees are required to send their recommendations to the OCS Division Director for their review and comments before it is sent to the Commissioner's office for the final decision.

Regardless of the barrier crime, you may submit an application for a variance; however, DFCS is unable to grant a variance for a barrier crime or condition if federal law prohibits certain approvals or restricts payment of benefits. DFCS will issue an automatic denial of a variance if you have one of the following barrier crimes:

- 1) felony conviction for any crime considered child abuse or neglect at any point in time,
- 2) felony conviction for any crime considered spousal abuse at any point in time,
- 3) felony conviction for a crime against children (including child pornography) at any point in time,
- 4) felony conviction for a crime involving violence, including rape, sexual assault, or homicide at any point in time,
- 5) felony conviction for physical assault, battery, or a drug-related offense, if that felony was committed within the past 5 years.

If you have questions about federal barriers, please direct those questions to your licensing specialist or your regional permanency specialist when you submit your application. For more information regarding barrier crimes and conditions and the timeframe that they are a barrier, please see the barrier crime matrix.

| Other (please | | | | |
|--|---|-------------------------|--|-----|
| 2. Please provide inform | • | | | |
| Name: | Middle | Last | | |
| Dhariaal Aalahaaa | | | | |
| rnysical Address: | Address | State | Zip Code | |
| Mailing Address: | | | | |
| | Address | State | Zip Code | |
| Phone Number: | | | | |
| | | | | |
| E-mail Address: | | | | |
| Preferred Contact Meth | od: 🗆 E-mail 🗆 Phon | e 🗆 Mail | | |
| Date of Birth: | | | | |
| When was the incident | that led to the barrier crim | e or condition? (Plea | se be as specific as possible): | |
| Background Check Nur | mber: | _ | | |
| ***Note: This number is locat | ted on the barring letter issued t | o you by the Background | Check Program*** | |
| How would you like to b □ Secured e-m □ Mail | oe notified of your variance ail (fastest) | e decision? (Select or | nly one) | |
| | lies to individuals who are eking a variance, please pr | | ers applying for a variance. If you argarding the foster home. | e a |
| Foster Parent Name: _ | | | | |
| | First | Last | | |
| Phone Number: | | | _ | |
| E-mail Address: | | | _ | |

1. I'm seeking a variance to:

| \square The physic | al and mailing addr | ess are the same as above | | |
|----------------------|---|-----------------------------------|--|--------|
| Physical Address | s: | | | |
| | Address | City, State | Zip Code | |
| Mailing Address | : | | | |
| | Address | City, State | Zip Code | |
| - | n direct contact with reside? Yes | | re direct access to the home where the child | dren |
| Would anyone b | pe supervising you v □ Yes □ No | when you are around the ch | nildren? | |
| Would you be tr | ansporting the child □ Yes □ No | dren in care? | | |
| 4. The following | documents are req | uired to be submitted by a | ll applicants: | |
| □ Copy Program | | mination letter or Revocati | on notice issued to you by the Background | Check |
| ☐ Provid | de all known and av | ailable records regarding y | our barrier crime(s) and/or condition(s) inc | luding |
| | Protective orders | | | |
| | Charging docume | ents | | |
| | Conviction docum | ents | | |
| | Incarceration doc | uments including your rele | ases from incarceration, dates of release fro | om |
| | incarce | ration, and any terms and | conditions of parole | |
| | Terms and conditi | ons of probation and, if ap | oplicable, release of probation documentati | on |
| □ Соріє | es of any completed | rehabilitation, prevention, | or treatment efforts. | |
| • • | of your restitution r ing restitution. | epayment plan if your barr | ier crime(s) and/or condition(s) is due to | |
| ☐ At lea | st two letters of reco | ommendation. | | |
| su | bstance use, or domest | c violence incident and would re | o are aware of your background history, mental healt ecommend a variance be granted for you. ately related to (such as a parent or sibling) and cann | |

If you are unable to provide letters of recommendation that meet the above requirements, please talk with your

from a person associated with the foster home.

licensing specialist or regional permanency specialist.

| ma | Provide a detailed statement regarding your barrier crime(s) and/or condition(s) including any factors that y have contributed, at that time, to the barrier crime(s) and/or condition(s). This should include information |
|-------------|---|
| | arding what happened prior to, during, and after the barrier crime(s) and/or condition(s). Attach additional ges if needed. |
| Γ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| cor crir | Provide a detailed statement describing all actions you have taken to prevent similar barrier crime(s) and/or adition(s) from occurring. If mental health, substance use, or domestic violence was a factor in your barrier ne(s)/condition(s), please describe the steps you have taken to address those factors. If you believe this does apply to you, explain why. Attach additional pages if needed. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | ride a detailed state onal statements fror wn rationale as to w | | | | ved in the child's case with |
|--------|---|---------------------|----------------------|---------------------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8. Wha | at will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |
| 8. Wha | nt will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |
| 8. Wha | at will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |
| 8. Wha | at will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |
| 8. Wha | at will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |
| 8. Wha | at will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |
| 8. Wha | at will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |
| 8. Wha | at will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |
| 8. Wha | at will you do to mal | ke sure the childre | en in your foster ho | ome do not get abus | sed or neglected? |

| your application. Please provide a detailed statement regarding any of the items below. If the item does not apply to you, you may check the box under the item. Applicant's past criminal history is reviewed by the oversight division. |
|---|
| Have you had any contact with the Alaska Office of Children's Services or another child protection agency in a different state? |
| $\hfill\Box$ I have not had contact with any child protection agency. |
| |
| |
| |
| |
| Have you been involved in any domestic violence order(s)? |
| ☐ I have not been a party of in a domestic violence order(s). |
| |
| |
| |
| |
| |
| Have you been charged with any crimes other than the barrier crime(s)? |
| ☐ I have never been charged with any other crime(s), barrier crime(s). |
| |
| |
| |
| |
| |
| • Have you been convicted of any crimes other than the barrier crime(s)? If so, please include the terms of the sentence, any jail time, and any probation terms (either supervised or informal). |
| ☐ I have never/not yet been convicted of any other crime(s). |
| |
| |
| |
| |
| |

9. The following items request information regarding any past incidents that have not already been included in

| If you were incarcerated for any crimes other than the barrie incarceration, release date, and any terms and conditions of | |
|--|--|
| ☐ I have never/not yet been incarcerated. | |
| | |
| | |
| | |
| | |
| | |
| If you were sentenced and placed on supervised or unsuper conditions of probation. If applicable, please include any Re | |
| $\hfill \square$ I have never been placed on supervised or unsu | pervised probation. |
| | |
| | |
| | |
| | |
| | |
| | |
| By my signature below, I certify that the information contained in th | is application and applicable attachments is |
| true, accurate, and complete. | |
| | |
| | Data |
| Signature of Applicant | Date: |
| | |
| | |
| Drinted None of Applicant | |
| Printed Name of Applicant | |
| | |
| | |
| | |
| Signature of Applicant's Legal Guardian (if applicant is a minor) | Date |
| orginatare or reprisant of Logar Gaardian (in applicant to a minior) | Date: |
| | Date: |
| | Date: |
| Printed Name of Applicant's Legal Guardian (if applicant is a minor) | Date: |