



John R. Kasich, Governor
Harvey J. Reed, Director

REQUEST FOR VARIANCE/WAIVER
JUVENILE SEX OFFENDER TREATMENT STANDARDS
PROGRAM CERTIFICATION APPLICATION

Ohio Department of Youth Services
Attention: Sonya Wade
30 West Spring Street, 5th Floor
Columbus, Oh 43215
Telephone: (614) 466-1078
Fax: (614) 387-2606

REQUEST FOR STANDARDS/APPLICATION VARIANCE/WAIVER

When a Program is faced with barriers to complying with the juvenile sex offender and child-victim offender treatment standards, OAC 5139-69-03, or an application requirement, the Program may submit this request to the Ohio Department of Youth Services.

A variance means time limited, written permission granted by the Department to a program to meet a modified requirement of a rule of the Ohio Administrative Code.

A waiver means time limited, written permission granted by the Department to a program to be exempted from a rule or specific provision of a rule of the Ohio Administrative Code.

The Juvenile Sex Offender Treatment Program Certification Advisory Board will recommend to the Department, specific program conditions and the time frame of the proposed variation. This may include requiring the program to submit to periodic documentation to the Department regarding how the standard variation is working, identifying any benefits and/or challenges. If a variance or waiver is granted, the Department shall set forth specific program conditions to be met.

The granting of a variance or waiver is a discretionary act of the department based upon documentation as to why the program is not in compliance.

GENERAL INSTRUCTIONS

- 1. Use this form.**
- 2. Submit ONLY the information requested.**
- 3. Sections are to be clearly labeled and pages are to be numbered**
- 4. Submit the information in the order requested.**
- 5. Follow all instructions carefully – incomplete or incorrect applications will be returned.**
- 6. KEEP A COPY OF THE COMPLETED APPLICATION AS SUBMITTED FOR YOUR FILES.**
- 7. Please do not use staples, paper clips, binders, sheet protectors or other materials because all applications are copied multiple times during processing.**

Date: _____

Program Name: _____

Business Address: _____

County: _____

[Business office location]

Telephone: _____

Fax: _____

Email: _____

Name and title of person completing application: _____

This program provides the following services: [Check all that apply]

Assessment

Treatment

Transition

Is this request for a:

Variance

Waiver

APPLICANTS MUST RESPOND TO ALL ITEMS

- 1. List standard and standard letter and number or application requirement for which you are requesting a variance/waiver.**
- 2. Describe the proposed variance/waiver from the standard/application element listed above.**
- 3. Why are you requesting this variance/waiver? Please identify specific barriers to compliance with this standard or application requirement, including any specific fiscal barrier, and your solution to be able to comply with this standard.**
- 4. How does the proposed variance/waiver address victim safety?**
- 5. How does the proposed variance/waiver address community safety?**
- 6. If available, attach evidence supporting the proposed variance/waiver effectiveness with juvenile sex offenders.**
- 7. What is the time frame for the use of the proposed variance/waiver?**
- 8. Is this request is for a standards variance/waiver, how will offender monitoring, or management be maintained?**
- 9. What have already been tried to address this issue requiring a standards variance/waiver?**

