



Chemical Dependency Treatment Facility Variance Request Application

A variance cannot be granted for a statutory requirement. Approved variances will be granted only for a specified period.

Application Submission Date: _____

Section 1 – Facility Information

Facility Name <i>(Name as it Appears on the License)</i>	Site License No.	Headquarters License No.	
Site Physical Street Address	City	State	ZIP Code
Site Mailing Street Address	City	State	ZIP Code
Administrator or Designee Contact Name		Area Code and Phone No.	
Email Address			

Section 2 – Variance Request Information

Provide the particular provision of 25 TAC Chapter 448 for which you are seeking a temporary variance. When requesting a variance for multiple provisions, you must cite each provision.

How long is the variance needed?

Per 25 TAC Section 448.402(b), you must address each of the following criteria and provide documentation as necessary to support your position.

1. Describe how the facility is using an alternative method to meet the intent of the rule.

2. Explain how the alternative method of the rule will not jeopardize the health, safety, or welfare of clients or compromise substance abuse services.

Section 3 – Signature and Attestation

I attest that the information provided in this form meets the requirements of 25 TAC Section 448.402, Variances, and that all information contained in this application is true and correct.

Signature

Date

Email the application and any supporting documentation to the HHSC Health Facility Licensing Unit healthfacilitylicensing@hhs.texas.gov and the Substance Use Disorder Compliance Unit SUDCU@hhs.texas.gov. Retain a copy of both emails for your own records.