



201G-VR (201G in OnBase)

Last 4 SSN:

Department for Children and Families Economic Services Division 280 State Drive Waterbury, VT 05671-1020

Agency of Human Services [fax] 802-241-0460 [toll free] 800-479-6151

Emergency Housing Disability Variance Request Form

This form may be used to apply for a variance if you have been denied Emergency Housing under the disability category in rule EH-720. Applicants, participants, and service providers may request a variance for an applicant or participant who is denied under the disability prong if being unsheltered would be particularly dangerous to the applicant's or participant's health and welfare.

Applicant Name:		DOB:	Last 4 SSN:
1.	Please provide a description of the need:		
2.	Please explain the unusual risk posed to the individual's health, safety, or welfare if GA emergency housing is not authorized:		
 To request a variance, you may call the Benefits Service Center at 1-800-479-6151 or visit a local district office. Supporting documentation may be submitted via the uploader (https://dcf.vermont.gov/doc-uploader) or delivered in person to a local District Office. District Office locations can be found at https://dcf.vermont.gov/esd/contact-us/districts. For free legal help contact Vermont Legal Aid, Inc. at 1-800-889-2047. 			
Name	of person completing this form (Please print):		
Relatio	onship to applicant:	Phone numb	er:
Name	of business (if applicable):		
Signat	ure of person completing this form:		Date: