



VERMONT

**AGENCY OF HUMAN SERVICES**

**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802)-871-3317

To Report Adult Abuse: 800-564-1612

Fax (802)-871-3318

**RESIDENTIAL CARE HOME  
QUARTERLY LEVEL OF CARE (LOC) VARIANCE UPDATE**

<b>Facility Name:</b>				
<b>Quarter Ending Last Day Of:</b> <i>Circle Appropriate Quarter</i>				
March	June	September	December	
Current Total Resident Census _____				
Total number of facility preapproved variances _____				
Total number of current residents preapproved for variance _____				
<b>Please indicate below which variance residents are preapproved.</b>				
Resident Name <i>with LOC variance</i>	ROOM #	NON ERC	ERC	Impractical Y/N

\_\_\_\_\_  
Signature and Title                      Date

**Submit to DLP on or before the end of the quarter by mail or fax.**