



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

Agency of Human Services

[fax] 802-241-0460  
[phone] 800-775-0506

### Emergency Housing Disability Variance Request Form

This form may be used if the only reason you are ineligible for housing under General Assistance rule 2652.3, *Temporary Housing for Vulnerable Populations*, is because you are not an SSI or SSDI recipient. Qualified Health Care providers may use this form to document a disability or health condition that makes being unsheltered 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 1-800-775-0506 or visit a local district office.
- Supporting documentation may be submitted via the uploader (<https://dcf.vermont.gov/esd/applicants/uploader>) or delivered in person to a local District Office.
- District Office locations can be found at <https://dcf.vermont.gov/esd/contact/districts>.
- For free legal help contact Vermont Legal Aid, Inc. at 1-800-889-2047.

Provider Name (Please print): \_\_\_\_\_

Provider Credential: \_\_\_\_\_ Credential Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_