

## COUNTY/PROVIDER FORM – TO BE COMPLETED BY THE REQUESTOR

A. NAME OF LEGAL ENTITY:		B. NAME OF ADMINISTRATOR/CEO:	
C. ADDRESS OF LEGAL ENTITY:		D. COUNTY:	
E. NAME OF FACILITY (IF DIFFERENT FROM LEGAL ENTITY):		F. LICENSE # (IF APPLICABLE):	
G. ADDRESS OF FACILITY (IF DIFFERENT FROM LEGAL ENTITY):		H. LICENSED CAPACITY (IF APPLICABLE):	
I. DATE OF INITIAL REQUEST: _____ <input type="checkbox"/> INITIAL WAIVER <input type="checkbox"/> RENEWAL OF WAIVER DATE(S) OF REVISIONS: _____ _____ _____		J. LENGTH OF THE WAIVER REQUEST <input type="checkbox"/> 1 MONTH <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 9 MONTHS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> INDEFINITE <input type="checkbox"/> OTHER: <i>please specify</i> _____	
K. TYPE OF REGULATION WITH THE MANUAL OR CODE DESIGNATION ALONG WITH SUBSECTION(S) NUMBER <i>(Example: Fire Safety, 3800 Regulations):</i>			
L. DESCRIBE THE CONDITION FOR WHICH THE WAIVER IS SOUGHT:			
M. JUSTIFICATION FOR THE REQUEST:			
N. EXPLAIN WHY THERE IS NO JEOPARDY TO THE RESIDENTS/CHILDREN/INDIVIDUALS/AGENCY IF THIS WAIVER IS GRANTED:			
O. WHAT IS THE ALTERNATIVE FOR PROVIDING AN EQUIVALENT LEVEL OF HEALTH, SAFETY AND WELL-BEING PROTECTION:			
P. EXPLAIN HOW ONE OR MORE RESIDENTS/CHILDREN/INDIVIDUALS/AGENCY WILL BENEFIT FROM THE WAIVER OF THIS REGULATION:			
Q. FISCAL IMPACT: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain:</i>			
R. HAVE ANY OTHER WAIVERS BEEN GRANTED TO YOUR FACILITY UNDER YOUR APPLICABLE REGULATION(S)?  <input type="checkbox"/> YES <input type="checkbox"/> NO		S. IF YES TO PART R, PROVIDE SECTION(S)/SUBSECTION(S) PREVIOUSLY WAIVED:  _____  IS THE WAIVER STILL VALID? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ATTACH ADDITIONAL PAGES IF NECESSARY TO SUPPORT SECTIONS A THROUGH S ABOVE			
T. REGION OR STATEWIDE:  <input type="checkbox"/> CENTRAL <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHEAST <input type="checkbox"/> WEST <input type="checkbox"/> STATEWIDE			
GOVERNING AUTHORITY/SIGNATURE OF PRESIDENT OR CHAIRPERSON:			DATE: