# BUREAU OF HUMAN SERVICES LICENSING
## REQUEST FOR WAIVER OF REGULATION

### NAME OF LEGAL ENTITY:  
### NAME OF ADMINISTRATOR/DIRECTOR/CEO:  

### ADDRESS OF LEGAL ENTITY:  
### COUNTY:  

### NAME OF FACILITY (if different from Legal Entity):  
### LICENSE or MPI #:  

### ADDRESS OF FACILITY (if different from Legal Entity):  
### LICENSED CAPACITY:  

### REGULATIONS WHICH APPLY TO YOUR FACILITY (55 Pa.Code Chapter):  
- ☐ 2600  
- ☐ 2800  

### DATE OF WAIVER REQUEST:  
- ☐ NEW WAIVER  
- ☐ RENEWAL OF WAIVER  

### SECTION TITLE OF REGULATION (Regulation Heading):  

### PENNSYLVANIA CODE SECTION/SUBSECTION NUMBER (Complete a separate form for each section/subsection/paragraph):  

### DESCRIBE THE CONDITION FOR WHICH THE WAIVER IS SOUGHT*:  

### WHAT IS THE REASON FOR THIS REQUEST*:  

### EXPLAIN WHY THERE IS NO JEOPARDY TO THE RESIDENTS/CHILDREN/INDIVIDUALS IF THIS WAIVER IS GRANTED*:  

### WHAT IS THE ALTERNATIVE FOR PROVIDING AN EQUIVALENT LEVEL OF HEALTH, SAFETY AND WELL-BEING PROTECTION*:  

### EXPLAIN HOW ONE OR MORE RESIDENTS/CHILDREN/INDIVIDUALS WILL BENEFIT FROM THE WAIVER OF THIS REGULATION*:  

### DATE(S) THIS WAIVER REQUEST AND DEPARTMENT CONTACT INFORMATION WAS PROVIDED TO THE AFFECTED RESIDENTS/DESIGNATED PERSONS FOR REVIEW/COMMENT (if applicable):  
(Attach copy of cover letter shared and all comments received)  

### HAVE ANY OTHER WAIVERS BEEN GRANTED TO YOUR HOME UNDER YOUR APPLICABLE REGULATIONS?  
- ☐ YES  
- ☐ NO  

### SECTION(S) OR SUBSECTION(S) PREVIOUSLY WAIVED:  

### IS (ARE) WAIVER(S) STILL VALID?  
- ☐ YES  
- ☐ NO  

### REGION:  
- ☐ CENTRAL  
- ☐ NORTHEAST  
- ☐ SOUTHEAST  
- ☐ WEST  

*ATTACH ADDITIONAL PAGES IF NECESSARY*  

Sending in supportive documentation with your request is beneficial in helping to process your waiver