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?	SECTION(S) OR SUBSECT	TION(S) PREVIOUSLY WAIVED:
YES NO	IS (ARE) WAIVER(S) STI	LL 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		