# DEVELOPMENTAL PROGRAMS LICENSING
REQUEST FOR WAIVER OF REGULATION

<table>
<thead>
<tr>
<th>NAME OF LEGAL ENTITY:</th>
<th>NAME OF ADMINISTRATOR/DIRECTOR/CEO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS OF LEGAL ENTITY:</td>
<td>COUNTY:</td>
</tr>
<tr>
<td>NAME OF FACILITY (if different from Legal Entity):</td>
<td>LICENSE or MPI #:</td>
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<tr>
<td>ADDRESS OF FACILITY (if different from Legal Entity):</td>
<td>LICENSED CAPACITY:</td>
</tr>
</tbody>
</table>

**REGULATIONS WHICH APPLY TO YOUR FACILITY (55 Pa.Code Chapter):**

- [ ] 6400
- [ ] 6500
- [ ] 2380
- [ ] 2390

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<tr>
<th>DATE OF WAIVER REQUEST:</th>
<th>[ ] NEW WAIVER</th>
<th>[ ] RENEWAL OF WAIVER</th>
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**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 REGULATION(S)?**

- [ ] YES
- [ ] NO

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

**IS (ARE) WAIVER(S) STILL VALID?**

- [ ] YES
- [ ] NO

**REGION:**

- [ ] CENTRAL
- [ ] NORTHEAST
- [ ] SOUTHEAST
- [ ] WEST

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*ATTACH ADDITIONAL PAGES IF NECESSARY*

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

Commonwealth of Pennsylvania
Department of Public Welfare

BHSL – Waiver Form

07-18