## OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (OMHSAS) REQUEST FOR WAIVER FORM

Facilities or agencies should submit all the information below for each waiver request so that OMHSAS can conduct a timely and effective review. Please use as much space as necessary to provide complete responses. Incomplete waiver requests will be returned to the individual who submitted the request. Please attach the county/joinder's letter showing support of this waiver request. If you need to change anything about your request once it has been submitted, please do so in writing (email is acceptable).

1. NAME OF LEGAL ENTITY:	2. NAME OF ADMINISTRATOR/DIRECTOR/CEO:		
3. ADDRESS OF LEGAL ENTITY:	4. COUNT	Y:	
5. NAME OF FACILITY(IES) (if different fr	rom Legal Entity): 6. LICENS	E(S)/APPROVAL #(S)	
7. ADDRESS OF FACILITY(IES) (if different from Legal Entity): 8. LICENSED CAPA		ED CAPACITY:	
9. NAME, PHYSICAL ADDRESS, EMAIL AD		FOR WAIVER:	
10. REGULATIONS SUBJECT TO OMHSAS AUTHORITY WHICH APPLY (55 Pa. Code Chapter):		☐ BULLETIN/OTHER REQUIREMENT:	
□ 1151 □ 1153 □ 1155 □ 5100 □ 52 □ 5240 □ 5310 □ 5320	00 🗆 5210 🗆 5221 🗆 5230	(Please identify)	
11. DATE OF WAIVER REQUEST:	☐ NEW WAIVER ☐ CONTINUATIO		
12. IDENTIFY THE PENNSYLVANIA CODE S REQUIREMENT:	ECTION/SUBSECTION NUMBER OR BULLET	IN/OTHER	
13. STANDARD OR REQUIREMENT TO BE W			
14. THE CITATION TO THE PA CODE OR BU example, 55 Pa. Code § 5230.91; OMHS	ILLETIN SECTION THAT PERMITS THE REQUESAS-10-03, Attachment D, 1st paragraph; e		
15. THE PERIOD OF TIME COVERED BY THE	E REQUESTED WAIVER:		
16. FACILITY/AGENCY JUSTIFICATION FO	R REQUESTING THE WAIVER:		
17. EXPLANATION WITH CONCRETE ASSUF INDIVIDUALS WILL BE SAFEGUARDED	RANCES HOW THE HEALTH, SAFETY, AND W DURING THE PROPOSED PERIOD OF THE V		

18. MEASURES TAKEN TO MEE PROPOSED PERIOD OF TH OF THE POLICY WILL BE I	IE WAIVER (PLEASE BE	AS SPECIFIC AS POSSI	BLE TO SHOW HOW THE F	
19. MEASURES TAKEN OR PLA	ANNED TO REESTABLISH	COMPLIANCE WITH TH	HE POLICY AS WRITTEN:	
20. HAS THE AGENCY RECEIV	ED ANY WATVEDS IN TH	E DAST TWO VEADS?	TVES TINO	
If "YES", please include the period that the waiver con	he name of the regulation	on or standard that was	waived and the date and	l time
21 DECTON.				
21. REGION: ☐ CENTRAL	□ NORTHEAST	☐ SOUTHEAST	□ WEST	
22. SIGNATURE OF SUBMITTE	ER/DATE:			
	SPACE AS NECESSARY TO Ve documentation with y		N COMPLETELY al in helping to process y	our
waiver. <b>If you are reques</b>		experience or credei	ntials, please include t	