DEVELOPMENTAL PROGRAMS 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):		
□ 6400 □ 6500 □ 2380 □ 2390		
DATE OF WAIVER REQUEST:		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	•	TION(S) PREVIOUSLY WAIVED:
HOME UNDER YOUR APPLICABLE REGULATIONS?		
REGION:	IS (ARE) WAIVER(S) ST	ILL VALID? 🗌 YES 🗌 NO
ATTACH ADDITIONAL PAGES IF NECESSARY Sending in supportive documentation with your request is beneficial in helping to process your waiver		