

## NH BUREAU OF DEVELOPMENTAL SERVICES WAIVER REQUEST

**Submit completed requests to:** Bureau of Developmental Services  
105 Pleasant St. – Main Bldg, Concord, NH 03301  
Phone#: (603) 271-5034 Fax#: (603) 271-5166 email: bds@dhhs.nh.gov

\*Criminal record checks, if applicable, must be current, within one year of waiver request.

\*Only complete packets will be processed

**Area Agency:** [Please choose from list](#)

Indicate:

- Initial

- Renewal

**If Renewal**

Indicate Waiver Number:

Expiration Date:

Provider Agency (if applicable)

Individual Name (if applicable)

Staff Name (if applicable)

Name of Service  
(if applicable)

Certified Setting name and address (*as it appears on the certificate*):

Certified Setting  
Certificate #:  
Expiration Date:

Indicate specific standard from which you request a waiver: **He-M**  
Quote the specific language you seek to waive:

Provide a full explanation of why a waiver to this standard is sought:

Describe proposed alternative to satisfy regulatory intent:

Individual signature (if applicable): \_\_\_\_\_

Guardian signature (if applicable): \_\_\_\_\_ Approval Date: \_\_\_\_\_

Signature of Agency Executive Director / Designee: \_\_\_\_\_

Date: \_\_\_\_\_

Requested number of years for waiver to be effective (check one):  1  2  3  4  5  Permanent