

NH BUREAU OF DEVELOPMENTAL SERVICES WAIVER REQUEST
FOR "ONLY WILLING AND QUALIFIED PROVIDER REQUESTS" ONLY

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

*Waivers are to be submitted by the Area Agency **ONLY**

*Only complete packets will be processed

Area Agency: **Please choose from list**

Indicate:

- Initial

- Renewal

Waiver for:

The requirement that services to an individual are conflict free, and that the Agency is the Only Willing and Qualified Provider

Provider Agency (if applicable)

Consumer Name (if applicable)

Provide a full explanation as to why you are seeking to waive the requirement that services to an individual are free of conflict.

Provide a full explanation of what efforts you took to provide choice and ensure compliance with the Conflict of Interest Provision. Please attach any documentation that will assist to demonstrate your efforts.

How will the agency ensure that there is separation of influence on behalf of the person, and what safeguards are in place so they regain choice and control of services:

What efforts will the agency put in place to (1) ensure oversight of separation; and (2) ensure choice is offered at different times to the person.

Individual signature (if applicable): _____

Guardian signature (if applicable): _____ Approval Date: _____

Signature of AA Executive Director / Designee: _____ Date: _____

Approval will not exceed one year.