NH Special Medical Services
Waiver for Services

Request for Waiver to He-M 520 (SMS) or He-M 523(PIH)

Request Date: ________________________________

Request for waiver is. [ ] Initial [ ] Renewal
(Check one)

Name:  __________________________________________
__________________________  __________________________
Last Name                First Name                   MI

Address: __________________________________________________

Phone: ____________________________________________________

Date of Birth: _______________________

Indicate below the rules (He-M 520 (SMS) or He-M 523 (PIH)) specific section of for which
a waiver is being sought:
He-M ______________________________

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

What alternative is proposed to satisfy regulatory intent?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Individual/Guardian Signature  __________________________
Date of Signature

Printed Name: _____________________________________________

Relationship to Applicant: ________________________________

__________________________  __________________________
Signature of Authorizing Administrator                      Date of Signature

Approved Dates of Waiver: Begin Date: _____________End Date: _____________