# 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:_____