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| NH Bureau of Developmental Services Waiver Request |
| **Submit completed requests to:** Bureau of Developmental Services 105 Pleasant St. – Main Bldg, Concord, NH 03301Phone#: (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**:  |
| 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 SettingCertificate #: 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 |