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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 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**: | | | |
| 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 | | | |