

**REQUEST FOR REGULATION WAIVER FORM**

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| Date: Click here to enter a date. | Type of Facility: Choose an item.  |

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| Facility Name:       | Provider:       |
| Address:      City:       State: NY Zip:       | Contact Person:       |
| Telephone:       |
| Capacity:       | Email address:       |

Upon written request by the operator, the department may waive non-statutory requirements of 18 NYCRR Sections 485, 486, 491 and 900 and may permit an operator to establish another method of achieving the intended outcome of the waived regulation. An operator must request and receive written approval prior to instituting any alternative methods. The operator must provide the information requested below. Incomplete or unclear requests will not be accepted. **Provider must submit a separate waiver form for each waiver being sought.**

**WAIVER INFORMATION** *(form will expand when typing)*

1. Is this a request for a temporary waiver? [ ]  Yes [ ]  No
2. Regulation for which waiver is sought:

Click here to enter text.

1. Please explain the reason why a waiver is desirable or necessary:

Click here to enter text.

1. Describe what will be done to achieve or maintain the intended outcome of the regulation and to protect the health and safety of the residents:

Click here to enter text.

**OPERATOR/ADMINISTRATOR:**

Print Name:       Title:

Signature:       Date:

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| --- |
| ***OTDA use only:*** |
| Waiver Reviewed by:       | Date: Click here to enter a date.  |
| Waiver Approved: [ ] Yes [ ] No | If no, why?       |
| To be reviewed again: Choose an item.  |