



REQUEST FOR REGULATION WAIVER FORM

Date:

Facility Name:

Provider:

Population:

Type of Facility:

Address:

City:

State: NY

Zip:

Capacity:

Local District:

Upon written request by the operator, the department may waive non-statutory requirements of 18 NYCRR, Parts 491 and 900 and permit an operator to establish another method of achieving the intended outcome of the waived regulation(s). 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 regulatory requirement for which a waiver is sought.**

WAIVER INFORMATION:

1. Is this a request for a temporary waiver? Yes No

2. Regulation for which waiver is sought:

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

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

OPERATOR/ADMINISTRATOR:

Print Name:

Signature:

Date:

Title:

Email:

Phone Number:

LOCAL DISTRICT:

Print Name:

Signature:

Date:

Title:

Email:

Phone Number:

OTDA USE ONLY:

Waiver Reviewed by:

Date:

Waiver Approved: Yes No

Attach internal waiver review form

To be reviewed again on:

Use this space for any additional comments or responses.

Be sure to include the number of the question you're referencing in your response.