

**Waiver Request/Equivalency Notification Form for facilities  
applying for Special Needs Assisted Living Residence certification**

**SECTION A: Identifying Information (Completed by Operator/Administrator or Designee)**

Regional Office (RO): \_\_\_\_\_ Date Requested: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Operating Certificate #: \_\_\_\_\_ Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Capacity: \_\_\_\_\_ Occupancy: \_\_\_\_\_

**SECTION B: Completed by Operator/Administrator or Designee**

In accordance with Department regulations, the Department may waive certain requirements. The operator must have written approval or be following an approved equivalency prior to instituting any alternative to regulatory standards. Noncompliance with a Department regulation prior to a waiver being requested and approved may result in the imposition of a penalty. Similarly, if an operator is noncompliant with an approved equivalency, this may result in a penalty. Incomplete requests will not be accepted.

**Complete Part I for Equivalencies. Complete Part II for Waivers.**

- I. Approved Equivalency: ☐ 487.5(d)(1)(ii) Adult Home signing of Admission Agreement  
☐ 488.5(c)(2) – Enriched Housing Program (EHP) signing of Admission Agreement  
☐ 1001.8(f)(2)(i) – Assisted Living Residence (ALR) signing of Residency Agreement

Briefly state the equivalency issue: \_\_\_\_\_

**II. Waivers:**

Type of Waiver (please circle appropriate responses)

1. Application Pending:

a) Renewal                      Yes              No

b) New facility                Yes              No

c) Change of Operator      Yes              No

2. Programmatic:            Yes              No

3. Physical Plant:            Yes              No

Regulation for which waiver is sought: ☐ 487.11(h)(3); 487.11(f)(11)(iii) –adult home delayed egress\*

☐ 488.11(a)(1) – EHP capacity

☐ 488.11(e)(1) – EHP delayed egress\*

☐ 488.11 (h)(5) – EHP removal of cooking stove/range/oven\*\*

\*delayed egress waivers must state the provider agrees to assess and admit only those residents with unsafe wandering behavior for which they can appropriately provide care and services to.

\*\*provider must state that only the cooking stove/range/oven will be removed. Refrigerator/freezer, sink, food storage, counter space and adequate cabinet space must remain.

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**II. Waivers (continued):**

A. Please explain the reason the proposed alternative is necessary and why a waiver is being requested. (Use additional sheets as necessary).

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B. Provide Information, which will demonstrate how you will achieve or maintain the intended outcome of the regulation and protect the health, safety, and well-being of the residents. Please supply all necessary supporting documentation as required: e.g., approval of local officials, supporting statements of staff, physicians and service providers, special licenses, etc. (Use additional sheets as necessary).

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**SECTION C: Signature of Operator/Administrator or Designee**

**Name (print):** \_\_\_\_\_ **Phone Number: (     )** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please note that incomplete requests will be returned. Continued processing will require submission of a new request.*

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**SECTION D: FOR DOH USE ONLY**

**Regional Office Log #:** \_\_\_\_\_ **Central Office Log #:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**Date received from: Facility:** \_\_\_\_\_ **Regional Office:** \_\_\_\_\_

**Centralized Waiver**

RO Recommendation: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conditional Approval \_\_\_\_\_ Withdrawn \_\_\_\_\_

Reason: \_\_\_\_\_

**Regional Office:**

RO Reviewer (include title) \_\_\_\_\_ Date: \_\_\_\_\_

RO Program Manager (signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Architect:**

Date to Architect: \_\_\_\_\_ Architect Recommendation: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Architect (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Central Office:**

Central Office Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Division Director Recommendation:**

487.11(h)(3); 487.11(f)(11)(iii)      Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conditional Approval \_\_\_\_\_ Withdrawn \_\_\_\_\_

488.11(a)(1)      Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conditional Approval \_\_\_\_\_ Withdrawn \_\_\_\_\_

488.11(e)(1)      Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conditional Approval \_\_\_\_\_ Withdrawn \_\_\_\_\_

488.11 (h)(5)      Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conditional Approval \_\_\_\_\_ Withdrawn \_\_\_\_\_

Division Director (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_