

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.

*Waivers are to be submitted by the Area Agency **ONLY**

*Only complete packets will be processed

Area Agency: Please choose from list

Indicate:

- Initial

- Renewal

If Renewal

Indicate Waiver Number:

Expiration Date:

Provider Agency (if applicable)

Consumer Name (if applicable)

Staff Name (if applicable)

Waiver for:

- Residence

- Day Service

Provide name and address (*as it appears on the certificate*):

Residence or Day Service

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 AA Executive Director / Designee: _____ Date: _____

Requested number of years for waiver to be effective (check one): 1 2 3 4 5 Permanent