

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR WAIVER

NAME OF PROVIDER/DIRECTOR:	FACILITY NAME:
ADDRESS:	
FACILITY ID NUMBER:	
CONTACT PERSON:	PHONE NUMBER:
PERIOD OF REQUEST FOR WAIVER:	
Cite the specific regulation for which a waiver is sought: <u>Use one form for each regulation.</u>	
Cite the reason the waiver is necessary:	

Describe what will be done to achieve or maintain the intended purpose of the regulation to protect the health, safety, and well-being of children.

SIGNATURE OF PROVIDER/DIRECTOR:

DATE:

/ /

OCFS USE ONLY

Approved: _____ DATE to _____ DATE Disapproved: _____ DATE

Reason for Disapproval:

SIGNATURE (REGIONAL MANAGER/ OCFS DESIGNEE):

DATE:

X

Waivers must be posted in a location easily available to parents. Approved waivers can be rescinded at any time by the Office of Children and Family Services.