

## ORR WAIVER REQUEST FORM VERSION 1.0 (LAST UPDATED: JUNE 25, 2021)

GRANTEE/CONTRACTOR SECTION – TO BE COMPLETED BY THE REQUESTOR					
Name of Facility/I			Primary Point of Contact (POC) Name:		
Address of Facility/Provider:			POC Phone No and Email:		
Type of Facility/Provider: Choose an item.			POC Title:		
		WAIVER R	EQUEST #1		
□Initial Request □ Renewal Request Date of Initial Request Date of Renewal(s);;;			Requested Timeframe of Waiver:		
Specific waiver be	eing requested:				
Why is the waiver	needed (Specific	provision unabl	e to meet and why):		
What other provisions or mitigations can be implemented to maintain quality or reduce risk, including related state licensing requirements that will be adhered to?					
		WAIVER R	EQUEST #2		
<ul> <li>Initial Request</li> <li>Date of Initial Rec</li> <li>Date of Renewal(</li> <li>Specific waiver be</li> </ul>	juest;;;	Requested Timeframe of Waiver:			
Why is the waiver needed (Specific provision unable to meet and why):					
What other provisions or mitigations can be implemented to maintain quality or reduce risk, including related state licensing requirements that will be adhered to?					
		WAIVER R	EQUEST #3		
<ul> <li>Initial Request</li> <li>Date of Initial Rec</li> <li>Date of Renewal(</li> </ul>	uest	;;;	Requested Timeframe of Waiver:		
Specific waiver being requested:					
Why is the waiver	needed (Specific	provision unabl	e to meet and why):		
What other provision of the state licer state licer state licer state licer state licer state licer state st	-		mented to maintain quality or reduce risk, including Ihered to?		
OFFICE OF REFUGEE RESETTLEMENT (ORR) SECTION – TO BE COMPLETED BY APPROVER WAIVER REQUEST #1					
Approved	Denied		vith conditions:		
	l	WAIVER R	EQUEST #2		
Approved	Denied	1	vith conditions:		



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WAIVER REQUEST #3				
Approved	Denied	Approved with conditions:		
PLAN OF SUPERVISION/TRAINING				
□ Select if a plan of supervision or training is attached to this form				