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| **GRANTEE/CONTRACTOR SECTION – TO BE COMPLETED BY THE REQUESTOR** | | | |
| Name of Facility/Provider: | | | 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 REQUEST #1 | | | |
| Initial Request  Renewal Request  Date of Initial Request \_\_\_\_\_\_\_  Date of Renewal(s) \_\_\_\_\_\_\_; \_\_\_\_\_\_\_; \_\_\_\_\_\_ | | | Requested Timeframe of Waiver: |
| Specific waiver being requested: | | | |
| 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 REQUEST #2 | | | |
| Initial Request  Renewal Request  Date of Initial Request \_\_\_\_\_\_\_  Date of Renewal(s) \_\_\_\_\_\_\_; \_\_\_\_\_\_\_; \_\_\_\_\_\_ | | | Requested Timeframe of Waiver: |
| Specific waiver being requested: | | | |
| 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 REQUEST #3 | | | |
| Initial Request  Renewal Request  Date of Initial Request \_\_\_\_\_\_\_  Date of Renewal(s) \_\_\_\_\_\_\_; \_\_\_\_\_\_\_; \_\_\_\_\_\_ | | | Requested Timeframe of Waiver: |
| Specific waiver being requested: | | | |
| 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? | | | |
| OFFICE OF REFUGEE RESETTLEMENT (ORR) SECTION – TO BE COMPLETED BY APPROVER | | | |
| WAIVER REQUEST #1 | | | |
| Approved | Denied | Approved with conditions: | |
| WAIVER REQUEST #2 | | | |
| Approved | Denied | Approved with conditions: | |
| 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 | | | |