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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 RequestDate 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 RequestDate 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 RequestDate 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 |