

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

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/Pi	rovider:		POC Title:			
WAIVER REQUEST #1						
□Initial Request □ Renewal Request			Requested Timeframe of Waiver:			
Date of Initial Rec						
Date of Renewal(s);;						
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 R	EQUEST #2			
☐ Initial Request ☐ Renewal Request			Requested Timeframe of Waiver:			
Date of Initial Request						
	Date of Renewal(s);;					
Specific waiver being requested:						
Why is the waiver needed (Specific provision unable to meet and why):						
What other provis	sions or mitigation	ns can be impler	mented to maintain quality or reduce risk, including			
related state licensing requirements that will be adhered to?						
		WAIVER R	EQUEST #3			
☐ Initial Request ☐ Renewal Request			Requested Timeframe of Waiver:			
Date of Initial Request						
Date of Renewal(s);;						
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 DEFINEE DESCRIPTION (ODD) SECTION TO BE COMPLETED BY ADDROVED						
OFFICE OF REFUGEE RESETTLEMENT (ORR) SECTION – TO BE COMPLETED BY APPROVER WAIVER REQUEST #1						
☐ Approved	☐ Denied		rith conditions:			
	□ Donied		EQUEST #2			
□ Approved	LILIONIO	I I I Approved W	utn conditions.			



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

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				