



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

<input type="checkbox"/> Initial Request <input type="checkbox"/> Renewal Request Date of Initial Request _____ Date of Renewal(s) _____; _____; _____	Requested Timeframe of Waiver:
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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

<input type="checkbox"/> Initial Request <input type="checkbox"/> Renewal Request Date of Initial Request _____ Date of Renewal(s) _____; _____; _____	Requested Timeframe of Waiver:
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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

<input type="checkbox"/> Initial Request <input type="checkbox"/> Renewal Request Date of Initial Request _____ Date of Renewal(s) _____; _____; _____	Requested Timeframe of Waiver:
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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

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved with conditions:
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WAIVER REQUEST #2

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved with conditions:
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WAIVER REQUEST #3		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved with conditions:
PLAN OF SUPERVISION/TRAINING		
<input type="checkbox"/> Select if a plan of supervision or training is attached to this form		