**WAIVER TRANSMITTAL FORM**

• Field Office: Please fill-in information on top half of form and complete the justification summary in the blank area below.

• Place an X or *✓* or Y/N in each applicable box.

• If waiver request applies to multiple license numbers for the same provider, enter license information on last page.

• Please submit the completed waiver transmittal form, OMHSAS Request for Waiver Form, County Endorsement Letter and supporting documentation to the waiver inbox at [RA-PWOMHSASWAIVERS@pa.gov](mailto:RA-PWOMHSASWAIVERS@pa.gov).

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| **Regional Field Office:** | | | | | | | | |  | | | | | | | | | **Staff Contact:** | | |  | | | | |
| **License #** | | | | |  | | | | Facility Type | | | |  | | | | | | | | | **Date:** | |  | |
| **Approval #** | | | | |  | | | | & Name: | | | |  | | | | | | | | |
| License Period: | | | | | | Begin Date: | | | |  | | | | Renewal Date: | | | |  | |  | | | | | |
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| **Waiver Request** *check one*: | | | | | | | | | Regulation | | | |  | | | | | Bulletin | | |  | | | | |
| **Proposed Waiver**  **Period:** | | | | Begin Date: | | | | | |  | | | | | | | Waiver Period ends with the  *License Renewal Date*.  (Identify if other) | | | |  | | | | |
| Chapter or Bulletin No.: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Chapter or Bulletin Name: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Section No./Paragraph: | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Legal Entity Address:** | | | | | | | | | | | | | | | | **Licensed Facility Address:** | | | | | | | | | |
| **CEO/Pres.** | | |  | | | | | | | | | | | | | **Director** | | |  | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | **Address** | | |  | | | | | | |
| **City** | | |  | | | | | | | | **State/Zip** |  | | | | **City** | | |  | | | | **State/Zip** | |  |
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| **County/Counties Served:** | | | | | | | |  | | | | | | | | | **Licensed Capacity:** | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please add summary of justification and Field Office position on waiver:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Waiver Application** | | |  | | Completed Waiver Request Included (Y/N) | | | | | |  | | County Endorsement Included (Y/N) | | | |
|  | |  | | | | | |  |  |  | | | | | |  |
|  | | |  | | Staff Recommends (Y/N) | | | | | |  | | CPM Approval (Y/N) | | | |
|  | Date request was received: Click or tap here to enter text.  Date request is sent to policy: Click or tap here to enter text. | | | | | | | | | | | | | | | |
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| License or  Approval # | Facility Name | Type | License Period | | Waiver Period | | F.O. Staff |
| Begin Date | Renewal Date | Begin Date | Renewal Date |  |
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