**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.

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| **Regional Field Office:** |  | **Staff Contact:** |  |
| **License #** |  | Facility Type |  | **Date:** |  |
| **Approval #** |  | & Name: |  |
| License Period:  | Begin Date: |  | Renewal Date: |  |  |
|  |  |  |  |
| **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:  |  |
|  |  |  |
| **Legal Entity Address:**  | **Licensed Facility Address:** |
| **CEO/Pres.** |  | **Director** |  |
| **Address** |  | **Address** |  |
| **City** |  | **State/Zip** |  | **City** |  | **State/Zip** |  |
|  |
| **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 orApproval # | Facility Name | Type | License Period | Waiver Period | F.O. Staff |
| Begin Date | Renewal Date | Begin Date | Renewal Date |  |
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Press Tab Key while in last cell to create a new row.