INDIVIDUAL WAIVER/EXCEPTION LOG

LICENSING OFFICE		TELEPHONE NUMBER ( )		REPORT/MONTH/YEAR	

ITEM NO.	FACILITY NAME LICENSEE NAME	FACILITY NUMBER	DATE OF REQUEST		DATE RECEIVED	APPLICABLE REGULATION SECTION(S)	DISPOSITION		REASON FOR DENIAL CODE
			WAIVER	EXCEPTION			DATE GRANTED	DATE DENIED	
1									1
2									
3									
4									
5									
6									
7									
8									
9									

LIC 972 (5/00) (CONFIDENTIAL)

See Reverse for Codes

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CODES FOR DENIAL OF WAIVER/EXCEPTION REQUESTS

01   The regulatory section(s) cited in the waiver/exception request is a statutory requirement which is not subject to waiver, i.e.

02   Waiver/exception may cause health and safety problems.

03   Waiver/exception request does not enhance the supervision and care of clients.

04   Waiver/exception request is incompatible with the plans of the placement agency *(or agencies)* involved with your facility.

05   Insufficient information received by central office on which to base a decision.

06   Waiver/exception request does not indicate specifically in what way this waiver will be beneficial to the clients residing at the facility.

07   A community care license is required to operate your facility *(only applicable when request is made for waiver of community care license).*

08   Other *(Specify)*