



**OLDER ADULT DAILY LIVING CENTER
REQUEST FOR WAIVER OF REGULATION
6 PA. CODE § 11.5**

NAME OF LEGAL ENTITY:		NAME OF DIRECTOR/ADMINISTRATOR:	
ADDRESS OF LEGAL ENTITY:		COUNTY:	
NAME OF CENTER (IF DIFFERENT FROM LEGAL ENTITY):		LICENSE #:	
ADDRESS OF CENTER (IF DIFFERENT FROM LEGAL ENTITY):		LICENSED CAPACITY:	
DATE OF WAIVER REQUEST:		NAME OF PERSON COMPLETING FORM:	
6 PA. CODE CH. 11 SECTION TITLE (REGULATION HEADING):			
6 PA. CODE CH. 11 SECTION/SUBSECTION NUMBER (COMPLETE A SEPARATE FORM FOR EACH SECTION/SUBSECTION/PARAGRAPH):			
WHAT IS THE REASON FOR THIS REQUEST?*			
EXPLAIN WHY THERE IS NO JEOPARDY TO THE CLIENT(S) IF THIS WAIVER IS GRANTED*:			
EXPLAIN HOW ONE OR MORE CLIENTS WILL BENEFIT FROM THE WAIVER OF THIS REGULATION*:			
HAVE ANY OTHER WAIVERS BEEN GRANTED TO YOUR CENTER UNDER CHAPTER 11 REGULATIONS?		SECTION(S) OR SUBSECTION(S) PREVIOUSLY WAIVED:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		IS (ARE) WAIVER(S) STILL VALID? <input type="checkbox"/> YES <input type="checkbox"/> NO	
* ATTACH ADDITIONAL PAGES IF NECESSARY			