

INSTRUCTIONS FOR COMPLETION OF DOM CARE REQUEST FOR WAIVER OF REGULATION

1. **NAME OF AREA AGENCY ON AGING:** Indicate name of the Area Agency on Aging.
2. **NAME OF PERSON COMPLETING FORM:** Indicate name of the Area Agency on Aging staff person completing this Request for Waiver of Regulation form.
3. **NAME OF DOM CARE PROVIDER:** Indicate the full name of the Dom Care home provider for which this regulatory waiver form is being submitted.
4. **CERTIFICATION DATE OF HOME:** Indicate the date the Dom Care home was first certified.
5. **NAME OF DOM CARE HOME (IF APPLICABLE):** If the Dom Care home has an identifiable name, enter it here.
6. **CERTIFIED CAPACITY:** Indicate the total certified capacity (# of beds) of the Dom Care home.
7. **ADDRESS OF DOM CARE HOME:** Indicate the complete mailing address of the Dom Care home.
8. **NUMBER OF CLIENTS IN THE HOME:** Indicate the number of Dom Care clients residing in the Dom Care home as of the date of the waiver request. Also indicate the number of other care-dependent persons residing in the home that are not relatives of the Dom Care provider.
9. **COUNTY IN WHICH DOM CARE HOME IS LOCATED:** Indicate the county where the Dom Care home is located.
10. **DATE OF WAIVER REQUEST:** Indicate the date this waiver request was submitted to the Department.
11. **INDICATE WHETHER THIS IS FOR A NEW WAIVER OR A RENEWAL OF WAIVER.**
12. **6 PA CODE CH. 21 SECTION NUMBER/SUBSECTION NUMBER:** Indicate the regulatory section/subsection (i.e. 21.21(a)). If requesting a waiver of multiple regulations for one situation, complete a separate form for each regulation.
13. **WHAT IS THE REASON FOR THIS REQUEST:** Indicate the reason for the request. Be specific. Explain what other options were considered prior to making this request.

14. **EXPLAIN WHY THERE IS NO JEOPARDY TO THE CLIENT(S) IF THIS WAIVER IS GRANTED:** Indicate why there is no jeopardy to the client(s) relative to this request.
15. **EXPLAIN HOW ONE OR MORE CLIENTS WILL BENEFIT FROM THE WAIVER OF THIS REGULATION:** How will the approval of this waiver benefit the client(s)? Be specific.
16. **HAVE ANY OTHER WAIVERS BEEN GRANTED IN THIS DOM CARE HOME UNDER CHAPTER 21 REGULATIONS?** Indicate yes or no
17. **SECTION(S) OR SUBSECTION(S) PREVIOUSLY WAIVED:** Answer if applicable. **IS (ARE) WAIVER(S) STILL VALID?** Answer if applicable.
18. **IF REQUESTING A WAIVER OF 21.21, SUBMIT THE FOLLOWING MATERIALS:** Submit the three items indicated. In addition, ensure the LOCA and CMI are posted and accessible in SAMS for Department review.

ATTACHMENTS: Attach additional pages as necessary.