

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REQUEST FOR WAIVER**

NAME OF PROVIDER/DIRECTOR:	FACILITY NAME:
ADDRESS:	
LICENSE/REGISTRATION NUMBER:	
CONTACT PERSON:	PHONE NUMBER:
PERIOD OF REQUEST FOR WAIVER:	
413.6(b)1 Cite the specific regulation for which a waiver is sought: <b><u>Use one form for each regulation</u></b>	
413.6(b)2 Cite the reason the waiver is necessary:	
413.6(b)3 Describe what will be done to achieve or maintain the intended purpose of the regulation to protect the health, safety and well-being of children.	
SIGNATURE OF PROVIDER/DIRECTOR:	DATE:

<b>OCFS USE ONLY</b>	
Approved: _____ to _____	Disapproved: _____
DATE	DATE
Reason for Disapproval:	
SIGNATURE (REGIONAL MANAGER/DESIGNEE):	DATE:
<b>X</b>	

*Waivers must be posted in a location easily available to parents. Approved waivers can be rescinded at any time, by the Regional Manager, for any lack of compliance with the terms of the waiver that are cited during an inspection.*