

## ASSISTED LIVING FACILITY REQUEST FOR WAIVER, APPROVAL, VARIANCE OR EXCEPTION

- Completion of this form is voluntary.
- Personal information collected on this form will be used during the review process and for no other purpose.
- Questions about completion of this form can be directed to the Division of Quality Assurance (DQA) Regional Office that served the facility. DQA Regional Offices are listed at: [http://dhs.wisconsin.gov/rl\\_DSL/Contacts/alsreglmap.htm](http://dhs.wisconsin.gov/rl_DSL/Contacts/alsreglmap.htm)
- Return the completed and signed form to the appropriate DQA Regional Office address.

Name – Facility		Check type of facility. <input type="checkbox"/> CBRF <input type="checkbox"/> AFH		License Number
Address (Street, City, State, Zip Code)	City	State	Zip Code	County
Name – Resident	Applicable Codes			

Describe existing condition.

Alternate Proposal for Variance *(Attach additional pages as necessary.)*

Name - Person Completing This Form <i>(Print or type.)</i>	Title	Time Period This Request Covers	
		From	To
<b>SIGNATURE</b> – Person Completing This Form		Date Signed	

### LICENSING SPECIALIST ACTION

<input type="checkbox"/> Approve Request; Expiration Date _____ <input type="checkbox"/> Deny Request	Check one. <input type="checkbox"/> Waiver <input type="checkbox"/> Approval <input type="checkbox"/> Variance <input type="checkbox"/> Exception
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Justification

Conditions

Name - Licensing and Certification Specialist	RFOD or RFOS Review Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
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RFOD or RFOS Comments

<b>SIGNATURE</b> - RFOD or RFOS	Date Signed
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