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| DEPARTMENT OF HEALTH SERVICES Division of Quality Assurance  F-02536 (05/2023) | | | | | STATE OF WISCONSIN Wis. Admin. Code § DHS 132.21(3)(b) | | | | | |
| NURSING HOME – WAIVER OR VARIANCE REQUEST | | | | | | | | | | |
| **Instructions**   * This form is used by nursing facilities to request a waiver or variance of [Wis, Admin. Code Chapter DHS 132.](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/132) * Completion of this form is voluntary. However, if used and submitted, **all information is required**. * If spaces allotted are not sufficient for your response, **attach additional pages as needed.** * 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 **Elizabeth Laubenstein** at **608-266-2966**. * Return this completed and signed form to [**Elizabeth.laubenstein@dhs.wisconsin.gov**](mailto:Elizabeth.laubenstein@dhs.wisconsin.gov)**.**   **Definitions**   * **Waiver:** If granted, a waiver allows the provider to not meet the regulation. * **Variance:** If granted, a variance allows the provider to meet the regulation in a manner different than what the regulation requires. | | | | | | | | | | |
| **Facility Information** | | | | | | | | | | |
| Name – Facility | | | | | | | | | | License No. |
| Name – Person Completing Form | | | | | Title | | | | | |
| Telephone No: | | | Email Address: | | | | | | | |
| **Applicable Codes** | | | | | | | | | | |
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| **Time Period of Request** | | | | | | | | | | |
| Permanent  Temporary – **From** (MM/dd/yyyy)**:** | | | |  | | **To** (MM/dd/yyyy)**:** | | |  | |
| **Name – Resident(s)** *(if applicable)* | | | | | | | | | | |
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| **Specific Action Requested** | | | | | | | | | | |
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| **Steps Facility Will Implement to Ensure Resident Safety** *(Failure to complete this section may result in denial or delayed approval.)* | | | | | | | | | | |
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| **DQA USE ONLY**  **This approval may be rescinded at any time upon a determination by the Department.** | Deny Request  Approve Request – Expiration Date *(MM/dd/yyyy):* | | | | | | |  | | |
| Comments | | | | | | | | | |
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| **SIGNATURE** –Regional Field Office Director | | | | | | | Date Signed *(MM/dd/yyyy)* | | |