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| DEPARTMENT OF HEALTH SERVICESDivision of Quality AssuranceF-02536 (05/2023) | STATE OF WISCONSINWis. 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****.**

**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.
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| **Facility Information** |
| Name – Facility      | License No.      |
| Name – Person Completing Form      | Title      |
| Telephone No:      | Email Address:      |
| **Applicable Codes** |
|       |       |       |
|       |       |       |
| **Time Period of Request** |
| [ ]  Permanent [ ]  Temporary – **From** (MM/dd/yyyy)**:** |       | **To** (MM/dd/yyyy)**:** |       |
| **Name – Resident(s)** *(if applicable)* |
|       |
| **Specific Action Requested** |
|       |
| **Steps Facility Will Implement to Ensure Resident Safety** *(Failure to complete this section may result in denial or delayed approval.)* |
|       |
| **DQA USE ONLY****This approval may be rescinded at any time upon a determination by the Department.** | [ ]  Deny Request [ ]  Approve Request – Expiration Date *(MM/dd/yyyy):* |       |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 |
|  |
| **SIGNATURE** –Regional Field Office Director | Date Signed *(MM/dd/yyyy)*      |