

10A NCAC 27G .0802 CONTENTS OF WAIVER REQUESTS

Except as provided in Rules .0806 and .0813 of this Section, waiver requests shall be in writing and shall contain:

1. the name, address and telephone number of the person making the request;
2. the name, address and telephone number of the facility, program, agency or other entity for which the waiver is requested;
3. the rule number and title of any rule for which the waiver is requested;
4. a statement of facts including:
 - a. the reason for the request;
 - b. the nature and extent of the request; and
 - c. confirmation that the health, safety or welfare of clients will not be threatened;
5. the time frame for which the waiver is requested; and
6. authorization for the waiver request and the date of such authorization. Required authorization is as follows:
 - a. by the area board for a facility operated by an area program;
 - b. by the governing board of the contract agency with a recommendation by the area board, for a contract agency (of area programs);
 - c. by the governing body for a private facility; and
 - d. by the Director of the Division of Prisons for the Department of Correction.

*History Note: Authority G.S. 122C-112(a)(8); 143B-147(a)(8);
Eff. May 1, 1996.*



Request for Respite temporary bed increase

Name: William Beasley
Title: Clinical Director
Telephone #: (910) 554-7870
Agency Name: People of Potential, Inc.
Agency Address: People of Potential, Inc.
P.O. Box 12084
Jacksonville, NC. 28546-2084

Name of Residential facility: Henderson House (McCullen Homes)
Residential License #: _____
(if applicable)
Residential NPI #: _____
(if applicable)
Agency Name: _____
Residential Address: _____

Residential Telephone #: _____
Agency Telephone #: _____

Rule number and title of rule for which the waiver is requested:

Reason for request: _____

Nature and extent of the request: _____

Confirmation that the health, safety or welfare of clients will not be threatened:

Time frame for which the waiver is requested:

Requested start date: _____

Requested end date: _____

Authorization for the waiver request and the date of such authorization

Area board for a facility operated by an area program:

Agency Name: _____

Name: _____

Title: _____

Telephone #: _____

Date: _____

Governing board for a facility operated by an area program:

Agency Name: _____

Name: _____

Title: _____

Telephone #: _____

Date: _____

Governing body for a private facility:

Agency Name: _____

Name: _____

Title: _____

Telephone #: _____

Date: _____