

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REQUEST FOR WAIVER

**Use one form for each regulation*

NAME OF PROVIDER:
ADDRESS:
CCFS NUMBER:
CONTACT PERSON:
TELEPHONE NUMBER:
SPECIFIC REGULATION TO BE WAIVED:
PERIOD OF REQUEST FOR WAIVER (NOT TO EXCEED TWO YEARS):

413. 6(b)1 Cite the specific regulation for which a waiver is sought:	
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/OPERATOR:	DATE:

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