

Department of Human Services  
Division of Developmental Disabilities

Adult Day Program Waiver/Variance Request Form

Date of Request:

RE:

\_\_\_\_\_  
(Name of agency/Name of program or service/Program ID#)

The above named program is requesting a \_\_\_ Waiver \_\_\_ Variance of the following standard (Please describe the nature of the request. Attach appropriate documentation if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person submitting request:

Title:

Phone #:

e-mail:

\_\_\_\_\_  
**This section to be completed by Division personnel:**

\_\_\_ Approved

\_\_\_ Conditional approval

\_\_\_ Not approved

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DDD Regional  
AT/SE Coordinator:

DDD Regional  
Administrator

Date:  
Phone #:  
e-mail:

Date:  
Phone #:  
e-mail:

c: Annex A Coordinator