BASIC CARE FACILITY REQUEST FOR A WAIVER
TO ALL OR A PORTION OF A LICENSURE STANDARD
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISIONS OF HEALTH FACILITIES AND LIFE SAFETY AND CONSTRUCTION
SFN 61649 (10/2021R)

INSTRUCTIONS: Complete one form for each waiver you are requesting. Additional documentation may be attached to this form. The Department reserves the right to deny or terminate a waiver. The granting of a waiver does not mean the requirement has been met. Your facility will be considered deficient until the requirement has been met.

Name of Facility	Email Address		
Street Address	City	State	ZIP Code

In order to consider your request for waiver, a satisfactory response to the criteria below is required.

1. Which licensing rule or construction standard would you like waived?
2. If applicable, provide documentation from the North Dakota Department of Human Services that the waiver will not result in the facility being noncompliant with the home and community-based setting requirements.
3. What actions have you taken to meet the requirement and why is the waiver necessary?
4. Describe the hardship (including financial and work force) on your facility if the waiver is not approved.
5. Provide evidence to support why the requested waiver will not adversely affect the health and safety of the basic care residents.
6. Describe how the waiver or lack of compliance would benefit your facility, residents, and community.
7. Describe the actions that will be taken by your facility to monitor and assure the health and safety of residents are not adversely affected if this request for a waiver is approved.

Signature of Authorized Representative:	Date:

FOR OFFICE USE ONLY

Comments	SEND THIS COMPLETED FORM TO:
	DIV. OF HEALTH FACILITIES DIV. OF LIFE SAFETY & CONSTRUCTION ND DEPARTMENT OF HEALTH
Signature	Date	1720 BURLINGTON DR, STE A BISMARCK ND 58504-7736