

**West Virginia Department of Health and Human Services
Bureau for Children and Families
Residential Child Care and Child Placing Licensing**

Waiver Request

Facility Name and Address

Employee/Resource Family Name (if applicable): _____

Youth/Child's Name (if applicable): _____

DHHR Worker Assigned (if applicable): _____

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Detailed Information Regarding Waiver Request (Including Rule Number):

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

Agency Director's Signature: \_\_\_\_\_

Date of request: \_\_\_\_\_

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(Bureau for Children and Families Use Only)

Residential Child Care Licensing Specialist recommendations (including any conditions regarding the waiver) _____

Residential Child Care Program Manager Signature: _____

Approval Granted: _____ Waiver Request Denied: _____

Comments: _____

Date: _____