

**West Virginia Department of Human Services
Bureau for Social Services
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): _____

DoHS Worker Assigned (if applicable): _____

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Detailed Information Regarding Waiver Request (Including Rule Number):

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

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

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(Bureau for Social Services 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: _____