EXCEPTION REQUEST

1. Provider or Applicant.

Name:		CFH No.:
Address:		Phone:
City:	State:	ZIP Code:

2. Rule Reference.

Idaho Administrative Procedures Act (IDAPA) 16.03.19:

3. Justification. *Explain why you are seeking an exception, including why your specific situation makes it difficult for you to meet the rule requirement. Why is this rule an undue burden or hardship for you?*

Describe what alternative you propose that will give the resident substantially equal protection of his/her health, safety, and welfare as that intended by the rule. What compensating factors exist?

4. Application Verification.

In requesting this exception, I am assuring the department that the health and safety of the resident(s) will not be jeopardized if the exception is granted.	
I agree to abide by any special conditions the department attaches to granting this exception and will notify the residents and their representatives, if applicable, of these special conditions.	
I understand that this exception expires as indicated below, and I must submit a new request to apply for a renewal. If an exception expires without renewal, I will comply with the rule.	
I understand that, should the department grant this exception, it is not considered a precedent and will not be given any force or effect in any other proceeding.	
Provider/Applicant Signature:	Date:

5. Department Decision.

Completed by Department of Health and Welfare Staff		
This request for an exception is	☐ Approved	Effective Date:
	☐ Denied	Expiration Date*:
This exception is effective as indicated above unless the department revokes this variance or waiver. *If an approved exception has no expiration date, the department is granting the applicant a permanent waiver to this rule.		
Comments (including Special Conditions if approved):		
Program Manager Signature and Date:		