

FACILITY REQUEST FOR STATUTE AND RULES WAIVER DURING A DECLARED EMERGENCY BY THE GOVERNOR

Name of Licensed Facility _____ Requestor Signature: _____

License Number _____

Date Waiver Request _____

Type of Waiver Requested

Immediate	1st 48 hrs	<input checked="" type="checkbox"/>
Specific rule - Attach Rule set with identified rule(s) requested identified	Post 48 hrs of declaration	<input type="checkbox"/>

Contact email: _____

Contact Phone Number: _____

Other: _____

Comments:

ARIZONA DEPARTMENT OF HEALTH SERVICES APPROVAL FOR STATUTE AND RULE WAIVER DURING A DECLARED DISASTER

Date and Time received by ADHS HEOC _____

ADHS Approval Signature: _____

Date and Time Processed by ADHS HEOC _____

Type of Waiver Approved

Immediate	1st 48 hrs	<input checked="" type="checkbox"/>
Specific rule - Attach Rule set with identified rule(s) approved	Post 48 hrs of declaration	<input type="checkbox"/>

Contact email: _____

Contact Phone Number: _____

Other: _____

Comments:

Appropriate County Agency Notified by ADHS HEOC Name of Person Notified _____

Date: _____ Time: _____