Organization Name: **Date:**

Requested Waiver of Standard:

Reason for Request:

Documentation Submitted:

Proposed Date for Waiver to Take Effect (if approved):

Person submitting form: **Date:**

AgeWays Comments:

Reviewed By:

AgeWays Program/Finance Manager: **Date:**

Director ACLS/Chief Financial Officer: **Date:**

Approved: ☐ **Denied:** ☐

Reason for Denial:

Note: Requests for a waiver of any AgeWays policy/standard must be submitted in a cover letter to the AgeWays along with the application. At a minimum, requests for a policy waiver must include the following: 1) the specific AgeWays policy/standard in which the waiver is being requested; 2) the reason(s) why the waiver is needed; and 3) the proposed date on which the waiver (if approved) would take effect. No waiver of minimum insurance requirements will be granted.