

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
 SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION

**Request for Waiver of One or More Requirements of Licensing Regulations (K.A.R. 30-63-20)**

Residential Services       Day Services       Day/Res

<b>[1] Applicant Agency/Individual Requesting License Waiver</b>				<b>[2] Director/Administrator Name</b>	
<b>[3] Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Fax Number</b>
		KS		( ) -	( ) -
<b>[3] Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Email Address</b>	
		KS			

<b>Name of Person for Whom Waiver is Requested</b>		<b>Tier Level</b>	<b>Name of CDDO</b>
<b>Social Security No.</b>	<b>[8] Medicaid No.</b>	<b>Date of Birth</b>	<b>CDDO Contact</b>

<b>Name of Person for Whom Waiver is Requested</b>		<b>Tier Level</b>	<b>Name of CDDO</b>
<b>Social Security No.</b>	<b>[8] Medicaid No.</b>	<b>Date of Birth</b>	<b>CDDO Contact</b>

**STATEMENT OF WAIVER**

In accordance with K.A.R. 30-63-20, the Kansas Department for Aging and Disability Services, Community Services and Programs, may waive one or more requirements of the licensing regulations, for good cause that benefits the person receiving services or requesting to receive services. This waiver or substitution must not jeopardize the health, safety or welfare of the person(s) receiving services, and as determined by KDADS must demonstrate the achievement of outcomes. The waiver/substitution, if granted, is for the period of the license offered and will be reevaluated prior to the license renewal.

**NOTICE:**

**THESE DOCUMENTS MUST BE RECEIVED PRIOR TO A WAIVER/SUBSTITUTION BEING GRANTED**

- STATEMENT OF BEST INTEREST:** Applicant states why a waiver of regulatory requirements is in the best interest of the consumer
- GUARDIAN'S STATEMENT OF SUPPORT:** (if Consumer has a legal/court-ordered guardian) supporting the Waiver Request

**AUTHORIZATION**

AS AN AUTHORIZED AGENT OF APPLICANT, I HAVE READ THE LAWS AND REGULATIONS AND WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THIS APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES

<b>Signature</b>		<b>Title</b>		<b>Date</b>	
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**Send Applications to:**

KDADS Survey, Certification and Credentialing  
 ATTN: IDD Licensing  
 503 S. Kansas Ave, Topeka, Kansas 66603

Website: [www.kdads.ks.gov](http://www.kdads.ks.gov)  
 Fax: 785-296-0256