



**BASIC CARE FACILITY REQUEST FOR A WAIVER TO ALL OR A PORTION OF A
LICENSURE STANDARD
HEALTH AND HUMAN SERVICES
HEALTH FACILITIES AND LIFE SAFETY AND CONSTRUCTION
SFN 61649 04-2026**

Complete one form for each waiver you are requesting. Additional documentation may be attached to this form. The Department reserves the right to deny or terminate a waiver. The granting of a waiver does not mean the requirement has been met. Your facility will be considered deficient until the requirement has been met.

Facility Name _____

Email Address _____

Street Address _____

City _____ State _____ Zip _____

In order to consider your request for waiver, a satisfactory response to the criteria below is required.

Which state law or rule would you like waived?

If applicable, provide documentation from the North Dakota Department of Human Services that the waiver will not result in the facility being noncompliant with the home and community-based setting requirements.

What actions have you taken to meet the requirement and why is the waiver necessary?

Describe the hardship (including financial and work force) on your facility if the waiver is not approved.

Provide evidence to support why the requested waiver will not adversely affect the health and safety of the basic care residents.

Describe how the waiver or lack of compliance would benefit your facility, residents, and community.

Describe the actions that will be taken by your facility to monitor and assure the health and safety of residents are not adversely affected if this request for a waiver is approved.

Signature of Authorized Representative _____

Date _____

For Office Use Only

Comments

Signature _____

Date _____

Send this completed form to
Health and Human Services
Life Safety and Construction
1720 Burlington Drive, Suite A
Bismarck, ND 58504-7736