

Application for Exception

Aging and People with Disabilities

Attach Additional Pages as Necessary

Facility Name: <input type="checkbox"/> ALF <input type="checkbox"/> RCF <input type="checkbox"/> ACU	Address:	Date of Application:
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Section 1: Check which areas apply to your request for an exception:

<u>Physical Plant</u> <input type="checkbox"/> Reception Area <input type="checkbox"/> Shared Kitchens <input type="checkbox"/> Shared Laundry Facilities <input type="checkbox"/> Public Restrooms <input type="checkbox"/> Common Areas <input type="checkbox"/> Call Systems <input type="checkbox"/> Other:	<u>Administrative</u> <input type="checkbox"/> Shared Administrators <input type="checkbox"/> RN Administrators <input type="checkbox"/> New Administrators <input type="checkbox"/> Administrator Qualifications <input type="checkbox"/> Shared Caregiver Staff <input type="checkbox"/> Other: _____
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Section 2: List specific OAR (ex. OAR 411-054-0200(6) (c) for which the waiver is requested.

Section 3: Describe specifically what you wish to do and the justification(s) for it. Include a timeframe for completion if necessary.

Section 4: Administrative Requests: Please provide the name of the administrator(s) involved. If this is a shared administrator request, please provide information how the administrator will be supported in the management oversight for both facilities. You may attach an additional page if needed.

Section 5:

Name and Title of Applicant:	Signature:	Date:
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Instructions for CBC Facilities Requesting Exceptions:

For changes with the physical environment: Please refer to OAR 411-054-0008 (7), OAR 411-054-0200 (RCF), OAR 411-054-0300 (ALF) or contact a policy analyst to discuss the proper procedure. Include information demonstrating the projected resident usage and a floor plan if needed.

Return Form To:

Office of Licensing and Regulatory Oversight
Community Based Care
P O Box 14530
Salem, OR 97309
Fax 503-378-8966
Email: CBC.TEAM@dhsosha.state.or.us

For Central Office Use Only	
Granted:	Yes <input type="checkbox"/> Sufficient information has been provided to approve the exception. No <input type="checkbox"/>
Comments:	
Conditions: The exceptions are specific to the request that has been approved and may be rescinded at any time the Department determines there is a threat to resident health or safety or expiration date of exception.	
<i>Please keep a copy of this form for your records.</i>	
Signed _____	Dated _____