IDAHO DEPARTMENT OF
HEALTH & WELFARE

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CERTIFIED FAMILY HOME TEMPORARY WAIVER REQUEST FORM

www.cfh.dhw.idaho.gov

Applicant _____ Telephone _____

Physical Address _____

Please complete the enclosed waiver form for only the items that are marked with a check mark. Please do not mark additional boxes as any unmarked items do not apply to your application. In applying for certification or re-certification, I am requesting that the following section of the rules for certified family homes in Idaho be waived:

- ❑ IDAPA 16, Title 03, Chapter 19, Section 700.11.f. Sleeping rooms must have at least on-hundred (100) square feet of floor space per resident in a single-bed sleeping room and at least one-hundred and sixty (160) square feet of floor space in a two (2) person sleeping room. Resident's bedroom is _____ square feet.

- ❑ IDAPA 16, Title 03, Chapter 19, Section 600.02.e. Each resident's sleeping room will have a window that can easily be opened from the inside.
  - The window sill height must not be more than forty-four (44) inches about the finished floor. The window sill height in resident's bedroom is _____ inches high.
  - Window openings must be at least twenty-two (22) inches in width and height. Current window opening is _____wide by _____ in height.

- ❑ IDAPA 16, Title 03, Chapter 19, Section 600.02.l. Doorways in the path of travel to an exit and all exit doorways must be at least twenty-eight (28) inches wide. _____ door is _____ inches wide.

- ❑ IDAPA 16, Title 03, Chapter 19, Section 130. A home may care for one (1) resident who requires nursing facility level of care (NFLOC) without obtaining a waiver. A home seeking to provide care to two (2) residents who require nursing facility level of care must request a waiver in writing from the Department as required in Section 39-3554, Idaho Code.

- ❑ IDAPA 16, Title 03, Chapter 19, Section 100.03. Number of Residents in the Home. A home cannot be certified for more than two (2) residents. An exception may be granted by the Department as described in Section 140 of these rules.

RESIDENT LIVING ARRANGEMENT ACKNOWLEDGEMENT:

My signature indicates I have freely requested this waiver and living arrangement, that I am competent to make choices about my living arrangements, and that I have been informed of the nursing facility level of care waiver requirements. I understand this Certified Family Home is requesting permission to care for two (2) or more residents who both require nursing facility level of care and/or the CFH provider has made an application to exceed the two-bed limit, which affects my living arrangement.

Resident Name(s):	Resident or Guardian Signature(s):

IDAPA 16, Title 03, Chapter 19, Section _____

The following reasons show good cause or explain extenuating circumstances as to why the waiver should be granted: _____

My home, in compensation for the waiver of this regulation, has the following qualities and strengths to offer the resident(s):

Special conditions and terms of temporary waiver (*to be completed by CFH Specialist only*) _____

In applying for this waiver, I am assuring that the health and safety of the residents will not be jeopardized if the waiver is granted. I also understand temporary waivers are granted for a year period and must be submitted annually for approval. They will not be considered as a precedent or be given any force of effect in any other proceedings.

Applicant / Sponsor's Signature _____ Date _____

L & C Approval _____ Date _____

FOR OFFICE USE ONLY:	❑ Initial Inspection ❑ Annual Inspection ❑ Waiver Denied ❑ Waiver Granted This waiver in effect from _____ to _____.