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| **Texas DEPARTMENT of Aging & Disability Services**  **Access & Assistance/Area Agencies on Aging**  **Request for Service Waiver**  **AAA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**The request for waiver document is used when an Area Agency on Aging plans, or through unforeseen circumstances, not to provide, change, terminate or otherwise required to reduce or cease providing a service within a fiscal year (40 TAC §83.17). Unforeseen circumstances are defined as a declared disaster, provider discontinued service without notice, or legislated changes to service provision.**

**Actions specific to this document [not limited to] are, not meeting:**

* Adequate proportion,
* Approved categorical transfers [over the OAA allowed percentages or revise from original approved], or
* Direct service provision.

**A request for waiver must be submitted individually for each of these actions.**

**The waiver must include the following information:**

* + - * Period of time waivered service is to be in-force.
      * Service and area(s) affected by the activities waved, to include populations, community services and units of service;
      * Area Plan reference supporting the waiver request;
      * Population affected, number of unduplicated, percent of population or both, as appropriate
      * Identify in detail how the community resources support [meet] the region’s service needs, including community agencies, active grant programs or other sources, within the AAA’s region,
      * The condition that makes this request necessary.

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| **Period of time waivered service is to be in-force:** |
| **Affected service and area(s) within the AAA’s region:** |
| **Area Plan [include section and current language supporting waiver request]:** |
| **Affected population [include number of older individuals/caregivers, percent of population, or both as appropriate]:** |
| **Identify in detail how community resources support [meet] the service needs [including community agencies, active grant programs, or other resources] within the AAA’s region:** |
| **Condition which makes this request necessary:** |