



AREA AGENCY ON AGING 1-B  
REQUEST FOR WAIVER OF SERVICE PROVISION

Organization Name:

Date:

Requesting Waiver of Standard:

Reason for Request:

Documentation Submitted:

Proposed Date Waiver to take effect (if approved):

AAA 1-B Comments:

Signature:

Date:

Reviewed By:

AAA 1-B Program/Finance Manager:

Date:

Director ACLS/Chief Financial Officer:

Date:

Approved:

Denied:

Reason for Denial:

***Note: Requests for a waiver of any AAA 1-B policy/standard must be submitted in a cover letter to the AAA 1-B along with the application. At minimum, requests for a policy waiver must include the following: 1) the specific AAA 1-B policy/standard which the waiver is requested; 2) the reason(s) why waiver is needed; and 3) the proposed date on which the waiver (if approved) would take effect. No waiver of minimum insurance requirements will be granted.***