



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

Organization Name:

DATE:

Requested Waiver of Standard:

Reason for Request:

Documentation Submitted:

Proposed Date for Waiver to Take Effect (if approved):

Contractor Signature (Director):

DATE:

AAA 1-B Comments:

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 a minimum, requests for a policy waiver must include the following: 1) the specific AAA 1-B policy/standard in which the waiver is being requested; 2) the reason(s) why the 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.