



Multnomah County
Aging, Disability and Veteran Services – Community Services

Request to Waive ADVSD Guidelines for Services

Date of request:

Agency requesting waiver:

Name of agency staff person requesting waiver:

Service for waiver request:

- Transportation Services
- OPI Services
- Other: _____

Full name of client requesting waiver:

Client's prime number:

Briefly describe client's situation, reason for waiver request, and detailed justification for waiver request:

Agency staff signature:

Agency staff printed name:

Supervisor's signature:

Send completed and signed waiver request to Contract Liaison through fax, 503-988-3656, or encrypted email.

ADVSD Contract Liaison completes info below

Criteria to be waived:

- Geographic service area
- OPI guidelines (including requests to expand hours temporarily, when funding permits)
- ADVSD guidelines

Comments:

- Waiver approved
- Waiver denied

Comments:

Signature of Contract Liaison:

Date: