**Multnomah County**

**Aging, Disability and Veteran Services**

**Request to Waiver ADVS Guidelines for Services**

Date of request:

Name of agency requesting waiver:

Name of case manager requesting waiver:

Service being waivered:

* Transportation Services
* OPI Services
* Other

Full name of client requesting waiver:

Address (including Zip) of client:

Client’s prime number:

Briefly describe client’s situation and justification for waiver request:

Case manager/Transportation Coordinator signature:

Supervisor’s signature:

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

This section to be completed by ADVS Contract Liaison

Criteria to be waived:

* Geographic service area
* OPI guidelines
* ADVS guidelines

Comments:

* Waiver approved
* Waiver denied

Comments:

Signature of Contract Liaison: Date: