



**Multnomah County
Aging, Disability, and Veterans Services**

Request to waiver ADVSD Guidelines for OPI Services

Date of request:

Name of agency requesting waiver:

Name of case manager requesting waiver

Full name of client requesting waiver:

Client's prime number:

Briefly describe the client's situation and justification for waiver request:

Case manager's signature:

Supervisor's signature:

Send completed and signed request to Carolyn McGrath by secure email:
carolyn.mcgrath@multco.us

This section to be completed by ADVSD

Criteria to be waived:

- ☐ OPI Guidelines
- ☐ ADVSD Guidelines

Comments:

- ☐ Waiver approved
- ☐ Waiver denied

Comments:

Signature of Contract Liaison:

Date: