

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH, LICENSURE UNIT, HEALTHCARE FACILITIES
Request For Waiver of Construction or
Physical Plant Requirements
For Licensed Health Facilities**

Facility Name: _____ **License Type:** _____

Location: _____ **License #:** _____
Street _____

City _____

State _____ **Zip Code** _____ **Telephone:** _____

1. State the rule, regulation, or standard you are requesting to have waived:

2. Explain how the rule, regulation, or standard creates an unreasonable hardship on the facility:

A. Specify the estimated cost of the modification or installation necessary to comply with the rule, regulation or standard.

\$

B. Specify the extent and duration of the disruption to the normal use of the patient or resident areas resulting from the modification or installation, e.g., construction work.

C. Estimate the time period it would take to recover cost of the modification or installation:

Indicate how such cost will be recovered

i. Reduced insurance premiums:

ii. Increased reimbursement related to cost:

iii. Other:

Explain:

D. Indicate if financing is available for the modification or installation.

YES NO

E. Specify the remaining useful life of the building: _____ years.

3. Explain why the waiver of the rule, regulation, or standard will not unduly jeopardize the health or welfare of the patients or residents:

Person requesting this waiver:

Name _____ Title _____

Date _____

Return This Form To:

**Department of Health and Human Services – Public Health, Licensure Unit
301 Centennial Mall South, 3rd Floor
P.O. Box 94669
Lincoln, NE 68509-4669
Attention: FACILITY CONSTRUCTION**

Or Email it to:

DHHS.facilityconstruction@nebraska.gov

For Departmental Use Only:

Waiver: Approved Disapproved

By: _____ **Date:** _____

Date Waiver Approval Sent to the Facility: _____

Type: Special Indefinite Temporary Other _____