**

***Commonwealth of Massachusetts***

***Department of Mental Health***

**Community Crisis Stabilization Service**

**Waiver Petition**

Applicant/Licensee Name:

Service Site Location (street, city or town, zip code):

License #: License Expiration Date:

**Instructions:** Complete items 1-5, using additional pages as necessary and attaching any documentation that would support granting of this waiver (**See** 104 CMR 28.19(3)). This waiver petition must be typed. The Waiver Petition Determination (pg. 2) will be returned to the Provider by the Licensing Coordinator.

1. Cite the regulation number that the waiver is based upon and include the complete text of the regulation.

1. Is this request for a renewal of a waiver that has previously been granted to this service site?

[ ] Yes [ ]  No

1. Write a standard that the service site would comply with and proposes to adopt as a substitute.

1. Write a justification for the newly written standard.

1. If this petition is granted by DMH and Massachusetts Behavioral Health Partnership (MBHP),

I agree to be held accountable to the substantiated standard in the same degree and manner as any other regulation.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of President/CEO or Designee Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Type or Print Name Title

***Commonwealth of Massachusetts***

***Department of Mental Health***

**Community Crisis Stabilization Service**

**Waiver Petition Determination**

**To be completed by DMH Licensing and MBHP**

Date:

Provider:

Service Site Location:

License Type:

Class I ☐

Class II ☐

Class III ☐

Regulation Number for Which Waiver is Requested:

Short Description:

Licensing Coordinator's

APPROVE \_\_\_\_ DISAPPROVE\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Comments:

Massachusetts Behavioral Health Partnership (MBHP)

APPROVE\_\_\_\_ DISAPPROVE\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Director of Program Evaluation:

GRANT \_\_\_\_\_\_ DENY \_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments / Conditions attached to Waiver: