Application for Exception  
Aging and People with Disabilities  
Attach Additional Pages as Necessary

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>ALF</th>
<th>RCF</th>
<th>ACU</th>
<th>Address:</th>
<th>Date of Application:</th>
</tr>
</thead>
</table>

**Section 1:** Check which areas apply to your request for an exception:

- [ ] Physical Plant
  - [ ] Reception Area
  - [ ] Shared Kitchens
  - [ ] Shared Laundry Facilities
  - [ ] Public Restrooms
  - [ ] Common Areas
  - [ ] Call Systems
  - [ ] Other:

- [ ] Administrative
  - [ ] Shared Administrators
  - [ ] RN Administrators
  - [ ] New Administrators
  - [ ] Administrator Qualifications
  - [ ] Shared Caregiver Staff
  - [ ] Other: _____

**Section 2:** List specific OAR (ex. OAR 411-054-0200(6) (c) for which the waiver is requested.

**Section 3:** Describe specifically what you wish to do and the justification(s) for it. Include a timeframe for completion if necessary.

**Section 4:** Administrative Requests: Please provide the name of the administrator(s) involved. If this is a shared administrator request, please provide information how the administrator will be supported in the management oversight for both facilities. You may attach an additional page if needed.

**Section 5:**

<table>
<thead>
<tr>
<th>Name and Title of Applicant:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
Instructions for CBC Facilities Requesting Exceptions:

For changes with the physical environment: Please refer to OAR 411-054-0008 (7), OAR 411-054-0200 (RCF), OAR 411-054-0300 (ALF) or contact a policy analyst to discuss the proper procedure. Include information demonstrating the projected resident usage and a floor plan if needed.

Return Form To:
Office of Licensing and Regulatory Oversight
Community Based Care
P O Box 14530
Salem, OR 97309
Fax 503-378-8966
Email: CBC.TEAM@dhsoha.state.or.us

<table>
<thead>
<tr>
<th>For Central Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Granted: Yes  No</td>
</tr>
</tbody>
</table>

| Comments: |

| Conditions: | The exceptions are specific to the request that has been approved and may be rescinded at any time the Department determines there is a threat to resident health or safety or expiration date of exception. |

Please keep a copy of this form for your records.

<table>
<thead>
<tr>
<th>Signed</th>
<th>Dated</th>
</tr>
</thead>
</table>
