

Division of Juvenile Justice
Non-Secure Attendant Care Shelter Services
Request for Waiver of Direct Services Staffing Requirement(s)

Place a check mark next to the requirement for which you are requesting waiver. Provide detailed explanation as to why the Provider Agreement's requirement poses an unreasonable hardship, or why the requirement does not necessarily fit with the intent of the Agreement due to excess staffing, camera monitoring, etc.

The completed form is submitted with the signed provider agreement, or sent as an email attachment to Administrative Contact Nichel Saceda-Hurt at nichel.saceda-hurt@alaska.gov.

Attendants will be of the same gender as the client being supervised.

Explanation: _____

A staff to client ratio of at least 1:2 will be provided.

Explanation: _____

Provider Name

Signature, Chief Executive Officer or President Date

Do Not Write Below this Line

Official Use Only

Approved

Denied

Explanation: _____

Signature Program Coordinator Date