

# MDHHS/AASA POLICY WAIVER REQUEST FORM

AASA Request ID #

Michigan Department of Health and Human Services, Aging and Adult Services Agency  
3/16/2020

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## SECTION I – REQUESTER INFORMATION

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1. Name of Agency	2. Date of Request
3. Name of Requester	4. Job Title
5. Requester E-mail Address and Telephone Number	
6. Organization Address (Street, City, State and ZIP)	
7. Detailed Description of Request <i>(include reference to AASA operating standards, requirements, etc.)</i>	

**8. Description of Request (continued)**

**Acknowledgment**

I understand that this approval by AASA is temporarily in place due to an emergency and that once the situation is rectified, AASA will issue guidance on waiver request terminations/resolutions.

<b>Requester Signature (electronic or typed)</b>	<b>Date</b>

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**SECTION II – AASA APPROVAL**

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AASA will review and approve requests on a case-by-case basis. If approved, AASA will email an official approval to the address list in Section I above.

<b>Approver Name and Title</b>	<b>Date of Approval</b>
	<b>AASA Review Comments</b>
<b>Supervisor Signature</b> _____ <b>Date</b> _____	