**AGE WAIVER REQUEST**

**The purpose of the rule waiver process is to allow Direct Support Professionals under 18 years of age and legally able to work, to provide services for individuals with developmental disabilities. These DSPs must work with another staff person who is at least 18, cannot provide intimate personal care to individuals, cannot provide transportation to individuals, and cannot administer medications or take medication administration classes.**

**Except for the exclusions above, DSPs who are 16-17 years old can be utilized to assist with making community connections, providing active treatment, and implementing ISP services/supports.**

Instructions: Please fill out this form completely and return to DODD via email at

Diploma-GEDWaiver@dodd.ohio.gov

Date of Request: Click here to enter text.

County: Click here to enter text.

Agency Name: Click here to enter text.

Agency/Facility Contact Person: Click here to enter text.

Contact Person’s Email Address: Click here to enter text.

 Select Setting Type:

Unlicensed Waiver [ ]

Licensed ICF [ ]  Facility Name: Click here to enter text.

Licensed Waiver [ ]  Facility Name: Click here to enter text.

1. Full name of individual for whom the waiver is requested: Click here to enter text.
2. Last 4 digits of SS#: Click here to enter text.
3. Date of Birth: Click here to enter text.
4. Expected Date of Hire: Click here to enter a date.
5. Job Title: Click here to enter text.
6. Job Duties: Click here to enter text.
7. Explanation of why the provider would like to hire the applicant in a direct service position, including participation in a developmental disabilities specific internship program such as C3PO:

Click here to enter text.

1. Explain how the agency will ensure oversight of the employee, including the assurances below:
	1. Employee will only work when staff over the age of 18 are present
	2. Employee will not administer medication to any individual
	3. Employee will not drive any individual
	4. Employee will not provide intimate personal care to any individual

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

**DODD USE ONLY**

Date of Manager Review: Click here to enter text.

Approved [ ]

Disapproved [ ]

Reason for Disapproval: