

Office of Refugee Resettlement (ORR) Waiver Request Form

VERSION 1.0 (LAST UPDATED: JUNE 25, 2021)

OMB Control #: 0970-0558

USCCB Sub-Recipient Write up Guide.

* Required

1. Name of Facility/Provider: *

USCCB/Agency Name

2. Address of Facility/Provider *

Your agency address

3. Type of Facility/Provider *

☐ EIS

☐ ICF

☐ Shelter

☐ Group Home

☐ TFC

☐ LTFC

- ☐ Staff Secure
- ☐ Secure
- ☐ Residential Treatment Center
- ☐ Therapeutic Group Home
- ☒ Home Study and Post Release Services (HS/PRS)

4. Primary Point of Contact (POC) Name *

Name of person needing waiver

5. POC Phone No: *

Office phone number of person needing waiver

6. POC Email: *

Work email of person needing waiver

7. POC Title: *

Title (we recommend using Case Manager, Program Supervisor, Program Manager, etc)

8. Project Officer/Contracting Officer's Representative's Email (request will route to this person - .gov only) *

Rebecca.Packer@acf.hhs.gov

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* Required

Waiver Request

9. Waiver Request Type *

☒ Initial Request

☐ Renewal Request

10. Requested Timeframe of Waiver: *

Indicate how long you anticipate needing a waiver for (by date, i.e., until June 30, 2023)

11. Specific waiver being requested: *

Waiver for C/AN background check

12. Why is the waiver needed (Specific provision unable to meet and why, including a description of efforts to rectify the issue prior to submitting the waiver):

*

Waiver requested until C/AN results are received. Waiver requested for case manager [INSERT NAME] until C/AN results are received; Their C/AN checks were submitted on [INSERT DATE].

13. What other provisions or mitigations can be implemented to maintain quality or reduce risk, including related state licensing requirements that will be adhered to? *

[INSERT CASE MANAGER APPLICANT NAME] has a cleared FBI fingerprint background check. [INSERT CASE MANAGER APPLICANT NAME] will be supervised by a case manager who has cleared all required background checks for home visits. [INSERT CASE MANAGER APPLICANT NAME] has completed [INSERT CPS/STATE REPORTING/VIRTUS COMPLETED TRAINING HERE]

CAN ADD IF APPLICABLE:

- If you have cleared C/AN from other states in which you have lived, you can indicate those have been cleared.
- If there are Safe Passages staff with cleared C/AN they can provide supervision during home visits with staff pending C/AN as noted above in the example text.

14. Is there a plan of supervision or training plan developed as part of this waiver request? *

☒ Yes

☐ No

** Once you submit, you will receive a copy of the form to your e-mail address. Please forward this to your CSS for documentation purposes. **

If you have further questions about this form, please reach out to your assigned CSS.

- USCCB FR Team