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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Public Health  F-00054D (07/2016) |
| **request for waiver of the 0.5 FULL-TIME EQUIVALENT requirement  FOR AGING AND DISABILITY RESOURCE CENTER (ADRC) STAFF** |

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| Completion of this form is voluntary; however, the information requested is required as part of the waiver approval process of the requirement that positions providing information and assistance, options counseling, and eligibility and enrollment related functions be assigned at least half-time (0.5 FTE) to these required ADRC functions. Waiver requests should be submitted to the Office for Resource Center Development at [dhsrcteam@wisconsin.gov](mailto:dhsrcteam@wisconsin.gov) for review and approval prior to making a final job offer. | | | | |
| Name – Aging and Disability Resource Center | | | | Date of Request |
| **REQUEST SUBMITTED BY:** | | | | |
| Name – Requestor | | Title | | |
| Email Address | | | | Telephone Number |
| Name of Individual for Whom You are Requesting a Waiver | Title of the Position for Which the Waiver is Requested | | | |
| Describe your reason for requesting this waiver. | | | | |
| What percent FTE will this position devote to required ADRC functions? | | | | |
| Describe the job responsibilities of this position that are required functions of the ADRC. | | | | |
| What percent FTE, if any, will this position devote to functions other than those required of the ADRC? | | | | |
| Describe other job responsibilities, if any, that this position will have relating to aging or adult services. | | | | |
| Describe any other job responsibilities the position will have, in addition to those described above. | | | | |
| Provide a detailed explanation of why you believe this individual is qualified to provide professional level ADRC services while working less than 0.5 FTE on these responsibilities. (Your explanation should clearly relate to the specific responsibilities the person will have in the ADRC.) | | | | |
| Describe how you will ensure the quality of the ADRC services provided by this position. | | | | |
| If this is a shared position, please attach an organization chart indicating the location and reporting relationships of this position for both its ADRC-required and other functions. | | | | |
| For DHS Use only  **Conditions that apply to this approval, if any:** | | | | |
| **SIGNATURE** – Approved by | | | Date Signed | |