

# Instructions for Completing a Waiver Form

## General Waiver Information

This document contains the general instructions for completing a waiver form. For the best results use Microsoft Office 2013, or a newer, version of Word to complete the waiver form. There are several waiver forms listed on the Engineering Services website. Each waiver form applies to a unique set of conditions and limitations. Be sure to choose the one that will meet your needs.

Please read the waiver form carefully. If the conditions and limitations are acceptable as detailed, complete the form, sign it and return it to the address that appears at the end of this document. Please include additional documentation as instructed for the waiver form you are submitting.

**Any changes to the waiver form will be denied. If you desire any changes to the conditions and/or limitations, please advise Engineering Services at MDH in a separate letter.**

Waivers are not effective until approved by Engineering Services at MDH. Your completed waiver will be evaluated and either approved, approved with conditions, or denied, and returned to you in a timely manner.

If you have any questions concerning the waiver or these instructions, email [healthcareengineers@state.mn.us](mailto:healthcareengineers@state.mn.us) or call 651-201-4229.

## Completing the Waiver Form

Any information that must be filled in by you will appear on the waiver form in red text. Below are examples of red text and instructions on how to populate these fields. The portions of the waiver form that appear in black text cannot be modified.

To enter information – navigate the white arrow pointer or the “I” bar over the red text on the form. The field will turn gray. Click on your mouse, while the field is gray, to enter text.

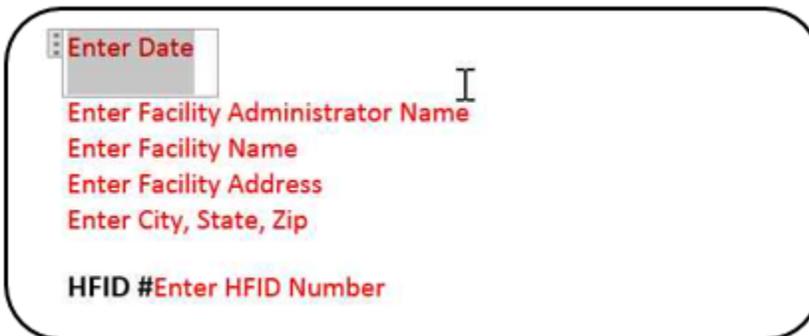
## Examples of Entering Information Over Red Text

Moving the “I” bar over the red text will turn the field gray.



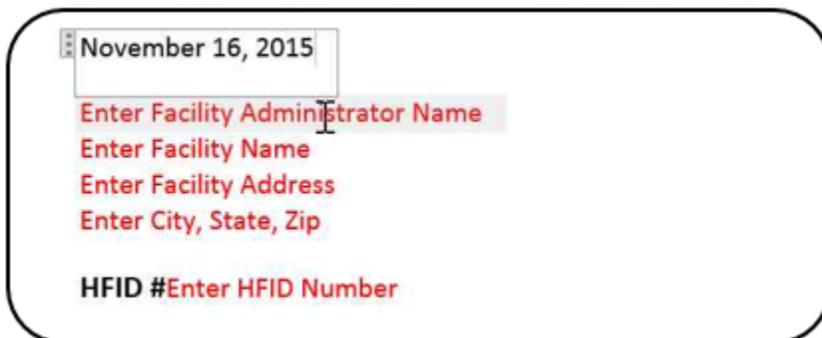
A screenshot of a waiver form with a rounded rectangular border. The text is red. The first line, "Enter Date", is highlighted with a gray background. A mouse cursor (an "I" bar) is positioned over the "e" in "Date". Below it are the lines: "Enter Facility Administrator Name", "Enter Facility Name", "Enter Facility Address", "Enter City, State, Zip", and "HFID #Enter HFID Number".

While the “I” bar is over the gray field click on the mouse to expose the field to enter text into.



A screenshot of a waiver form with a rounded rectangular border. The text is red. The first line, "Enter Date", is highlighted with a gray background. A mouse cursor (an "I" bar) is positioned over the "e" in "Date". Below it are the lines: "Enter Facility Administrator Name", "Enter Facility Name", "Enter Facility Address", "Enter City, State, Zip", and "HFID #Enter HFID Number".

Begin typing and text will appear in the field.



A screenshot of a waiver form with a rounded rectangular border. The text is red. The first line, "November 16, 2015", is entered in the gray field. A mouse cursor (an "I" bar) is positioned over the "e" in "Administrator Name". Below it are the lines: "Enter Facility Administrator Name", "Enter Facility Name", "Enter Facility Address", "Enter City, State, Zip", and "HFID #Enter HFID Number".

Follow this procedure until you have populated all the areas that contain red text on the waiver form.

**Note:** HFID is an acronym for Health Facility Identification number. If you do not know your facility’s HFID number go to [Locating Minnesota's Licensed, Registered or Certified Health Care Providers](http://www.health.state.mn.us/divs/fpc/directory/providerselect.cfm) (<http://www.health.state.mn.us/divs/fpc/directory/providerselect.cfm>). Follow the steps on this link to display information about your facility from the Provider Directory. Your HFID number will be included under the column labeled “ID.”

INSTRUCTIONS FOR COMPLETING A WAIVER FORM

Some waiver forms may require specific information. For example, two of the Neighborhood Kitchen(s) waiver forms have a table on the second page. Before submitting your waiver you will need to populate the table with Kitchen Location(s) and the Number of Residents Served. Refer to the example table below.

| <b>Kitchen Location</b>    | <b>Number of Residents Served</b> |
|----------------------------|-----------------------------------|
| First floor Northeast wing | 12                                |
| First floor Southeast wing | 12                                |
| Total                      | 24                                |
|                            |                                   |
|                            |                                   |

Print and sign the waiver form. Mail or hand deliver your completed form to:

**MAIL COMPLETED FORM TO:**

MDH – Health Regulation Division  
Engineering Services Section  
P.O. Box 64900  
St. Paul, MN 55164-0900

**COURIER/STREET ADDRESS:**

MDH – Health Regulation Division  
Engineering Services Section  
85 7th Place East, Suite 220  
St. Paul, MN 55101

Or attach your completed waiver form in an email addressed to:

[healthcareengineers@state.mn.us](mailto:healthcareengineers@state.mn.us).