



COLORADO

**Department of Health Care
Policy & Financing**

Colorado Indigent Care Program
Fiscal Year 2016-17 Waiver Request Form

Please use this form to verify current waivers or request new waivers with the Colorado Indigent Care Program related to procedures in the CICIP Provider Manual. If you do not have a waiver currently and you do not wish to request a waiver, you do not need to complete this form.

Complete the form for new waiver requests, if requesting more than one waiver please number each waiver requested.

Any currently approved waivers are indicated below. Note any changes requested for existing waivers. If no changes are necessary, simply sign the form and return it with your CICIP application.

Waivers are granted indefinitely unless an end date is stipulated. For new waivers, the Department will notify you of its decision to approve or disapprove your waiver request. Please note: the Department cannot approve a request to waive requirements that would contradict State statutes or regulations.

Facility Name:

Indicate waiver request or change below:

Signature

Date