**CON COVID-19 Waiver Request Form**

**(Temporary Increase in Licensed Bed Capacity)**

All persons who are requesting a waiver of Certificate of Need (CON) statutory and regulatory requirements to temporarily[[1]](#footnote-1) increase licensed bed capacity for reasons relating to COVID-19 must complete this Waiver Request Form. **There is no fee associated with filing a COVID-19 Waiver Request Form.** The completed form ***must be electronically*** ***filed*** through the OHS [CON Web Portal](https://dphconwebportal.ct.gov/Account/Login?ReturnUrl=%2F) utilizing the process to upload Determination Requests. A copy of the completed COVID-19 Waiver Request Form and any accompanying documentation should also be contemporaneously emailed to [Daniel.Csuka@ct.gov](mailto:Daniel.csuka@ct.gov) and [Brian.Carney@ct.gov](mailto:Brian.Carney@ct.gov).

***First time Portal users must register prior to submitting any documents.***To register, click here: [Certificate of Need Web Portal](http://dphconwebportal.ct.gov/)

##### SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

|  |  |  |
| --- | --- | --- |
|  | Petitioner | Petitioner |
| Full Legal Name |  |  |
| Doing Business As |  |  |
| Name of Parent Corporation |  |  |
| Petitioner’s Mailing Address  (if Post Office [PO] Box, include a street mailing address for Certified Mail) |  |  |
| What is the Petitioner’s Status:  P for profit and  NP for Nonprofit |  |  |
| **Contact Person at Facility**, including Title/Position:  This Individual at the facility will be the Petitioner’s Designee to receive all  correspondence in this matter. |  |  |
| Contact Person’s Mailing Address, if PO Box, include a street mailing address for Certified Mail |  |  |
| Contact Person’s Telephone Number |  |  |
| Contact Person’s Fax Number |  |  |
| Contact Person’s E-mail Address |  |  |

##### SECTION II. INFORMATION FOR PROPOSED WAIVER

Please provide a description regarding the proposed waiver (the “Proposal”), highlighting each of its important aspects, on at least one, but not more than two separate 8.5” X 11” sheets of paper. At a minimum, each of the following elements need to be addressed:

1. The number of beds the Petitioner is currently licensed to have;
2. The number of beds the Petitioner is seeking to temporarily add under the waiver;
3. Whether the Petitioner intends to temporarily suspend services in order to allow for an increase in licensed bed capacity and, if so, a specific itemization of any services that the Petitioner intends to temporarily suspend; and
4. The anticipated date of implementation for the Proposal.

**SECTION III. ACKNOWLEDGEMENT**

By executing the accompanying Affidavit, the Petitioner hereby acknowledges it understands and agrees that: (1) any waiver granted following the submission of this form will only remain in effect through and including February 15, 2022; (2) on February 16, 2022, any waiver granted pursuant to this form expires; (3) on February 16, 2022, the Petitioner shall return to normal operations including, but not limited to, the resumption of any services temporarily suspended pursuant to a granted waiver; and (4) the Petitioner will be subject to enforcement and penalties if it fails to do so immediately.

**SECTION IV. AFFIDAVIT**

##### (Each Petitioner must submit a completed Affidavit.)

Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Position – CEO or CFO)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being duly sworn, depose and state that the

(Organization Name)

information provided in this CON Waiver Request form is true and accurate to the best of my

knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Subscribed and sworn to before me on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Petitioners are advised that any waiver granted following the submission of this form will only remain in effect through and including February 15, 2022, after which date it will expire.

   [↑](#footnote-ref-1)