Print Form

IDAHO DEPARTMENT OF
HEALTH & WELFARE

REQUEST FOR ADMINISTRATIVE REVIEW AND WAIVER

Please complete this form electronically or print legibly in the fields below.
Incomplete submissions cannot be accepted. All waiver requests must include the following supporting documentation:

1.) Signed and dated request for review, including questions below
2.) Copy of notarized Criminal History Unit (CHU) application
3.) Copy of letter from the CHU indicating unconditional denial or conditional denial and exemption hearing results.
4.) Copy of your FBI information. You can obtain this information from the CHU.

Note: It is highly recommended that supporting documentation, which may include, but is not limited to: letters of support, treatment completion documentation, pre-sentence investigation reports, and training/education certificates be included with this application.

Applicant Name:_____**Phone:**_____**Email:**_____

Address: _____ **City:** _____ **State:** _____ **ZIP:**_____

Employer (Name of Agency/Program):_____

Agency/Program Address: _____ **City:** _____ **State:** _____ **ZIP:**_____

Agency/Program Contact_____ **Contact Email:**_____

Please indicate below the number of crimes, offenses or child protection actions that are listed on your denial letter from the Criminal History Unit. **You will need to complete one of the following pages in Section A for each of the crimes, offenses or child protection actions listed on your denial letter.**

_____ # of crimes, offenses or child protection actions

Note: You must complete Section A, Section B, and the Signature Page before submitting this application.

SECTION A

In order to assist the review committee, please respond to the following questions in this section, **using one page for each crime listed in your denial letter from the criminal history unit**. Three pages have been included. You may print and complete additional pages if needed.
You may submit additional supporting documentation if you wish. Please note that the committee may also request additional information and/or contact references, employers, etc.

1. List/itemize and describe in detail the offense, crime or child protection action that is listed on your denial letter from the Criminal History Unit.
a. Date of conviction or child protection action:
b. City and State of conviction or child protection action:
c. Describe circumstances in detail
d. What is your relationship to others involved, including your relationship to the victim (do not include names):
e. Was the victim a member of a vulnerable population (Child, special needs, elderly adult)?:
f. When were you arrested and when were you released? When were you placed on supervision, and when were you released from supervision?

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2. List/itemize and describe in detail the offense, crime or child protection action that is listed on your denial letter from the Criminal History Unit.
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c. Describe circumstances in detail
d. What is your relationship to others involved, including your relationship to the victim (do not include names):
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3. List/itemize and describe in detail the offense, crime or child protection action that is listed on your denial letter from the Criminal History Unit.
a. Date of conviction or child protection action:
b. City and State of conviction or child protection action:
c. Describe circumstances in detail
d. What is your relationship to others involved, including your relationship to the victim (do not include names):
e. Was the victim a member of a vulnerable population (Child, special needs, elderly adult)?:
f. When were you arrested and when were you released? When were you placed on supervision, and when were you released from supervision?

SECTION B

Please respond to the following questions in this section. You may submit additional supporting documentation if you wish. Please note that the committee may also request additional information and/or contact references, employers, etc.

1. Describe your efforts to change your behavior or correct the situation. Include restitution, time in jail, parenting classes, volunteer or community service, counseling, therapy, or other things **that you did as part of your supervision or conditions of your release. (You may attach supporting documents.)**

   Separately, describe efforts to change your behavior, **completed after your incarceration and supervision concluded**. Include parenting classes, volunteer or community service, counseling, therapy, or other things **(You may attach supporting documents.)**

4. Explain why you think you should be granted a waiver.

5. Please describe the type(s) of services you will be providing (counseling, education, clerical, management, etc.).
6. If the Division has previously reviewed your record for a DBH waiver, please provide the date, place, position sought, and results.

Note: Please complete the signature page that follows before submitting this application.

SIGNATURE PAGE

I have read, understand, and agree to abide by the Criminal History and Background Check Requirements outlined in IDAPA 16.07.20.009 and IDAPA 16.07.33.009. I certify that the information in this request, and all applicable supporting documentation, is true, complete, and correct to the best of my knowledge. By signing this application, you agree to allow the application and all included information to be distributed to a waiver review subcommittee consisting of employees of the Idaho Department of Health and Welfare, Idaho Department of Correction, Idaho Department of Juvenile Corrections and the Idaho Supreme Court.

_____
Applicant Signature

_____
Date

To be completed by employer:

By signing below, I certify that the individual named in this application is applying for this waiver because they are applying for employment with my agency or program.

_____
Employer Signature

_____
Date

Submit completed request form and supporting documents to:

Idaho Department of Health and Welfare:

Administrative Procedures Section
450 W. State Street
P.O. Box 83720
Boise, ID 83720-0026

FOR IDHW USE ONLY

Waiver granted by Division Administrator?
__ Yes
__ No