

**LICENSING AND CERTIFICATION DIVISION
LICENSING AND CERTIFICATION SECTION
APPLICATION FOR HARDSHIP FEE WAIVER**

As outlined in Behavioral Health Information Notice, 24-XXX and pursuant to Health and Safety Code Sections 11833.02(g) and 11833.04, the Department of Health Care Services (DHCS) may grant a one-time hardship fee waiver for a single legal entity. A hardship waiver is not available for a licensed facility applying for an integral license as defined in 9 CCR section 10508. *A request for a hardship waiver is not guaranteed to be granted. The request will be reviewed based on the established criteria.*

Please provide the following information:

- Written summary describing financial hardship;
- 501(c)(3) status form, if applicable;
- Tax Returns or Income Statements for the previous year;
- Resident/participant capacity data for the previous two years, if applicable.

Legal Entity Name: _____

Administrative/Corporate Address: _____

Provider Number (License/Certification Number): _____

Facility Name: _____

Facility Address: _____

Treatment/Recovery Capacity: _____

Program Contact: _____

Program Contact Phone Number and Email: _____

For biennial extension fee waivers, a hardship waiver must be submitted at least 40 days prior to the 120 days required for a renewal or extension application. For initial application fee waivers, the fee waiver may be submitted in lieu of the fees; however, the review of the application will not begin until either the fee waiver is approved or applicable fees are paid.

A hardship waiver will not be granted if the legal entity/applicant:

- (1) Owes outstanding civil penalties; or*
- (2) Has cited deficiencies; or*
- (3) Provides insufficient, inadequate, and/or false information and/or documentation.*

Any licensed and/or certified facility requesting a hardship waiver of renewal fees must demonstrate that the facility served clients throughout the previous two-year licensure period.

CIVIL CODE § 1798.17 AND THE PRIVACY ACT OF 1974, 5 U.S.C. 552a, PROVIDES PROTECTION TO INDIVIDUALS BY ENSURING THAT PERSONAL INFORMATION COLLECTED BY STATE AGENCIES IS LIMITED TO THAT WHICH IS LEGALLY AUTHORIZED AND NECESSARY AND IS MAINTAINED IN A MANNER WHICH PRECLUDES UNWARRANTED INTRUSIONS UPON INDIVIDUAL PRIVACY.

I declare under penalty of perjury under the laws of the State of California that the foregoing information and any attachment is true, accurate, and complete to the best of my knowledge and belief.

Administrator/Director Signature: _____

Date: _____

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For Department Use Only

Approved by: _____

Date: _____