

SAMPLE WAIVER REQUEST

Ms. Vera Scott
Ohio Department of Job & Family Services
Office of Fiscal and Monitoring Services, Title IV-E Foster Care Section
30 E. Broad St., 38th Floor
Columbus, Ohio 43215

Dear Ms. Scott:

We, _____,
respectfully request a waiver of performance of the procedures listed below with respect
to the annual cost report audit, in accordance with the ODJFS Agreed Upon Procedures
specified in Rule 5101:2-47-26.2 of the Ohio Administrative Code, for our client
_____.

The specific procedure, and its location in the Agreed Upon Procedures, for which we are
requesting a waiver, is as follows: _____
_____.

The facts and circumstances for requesting this waiver are as follows: _____

_____.

The alternative procedures we are suggesting and the reasons for them are as follows:

_____.

Rules and regulations supporting our request are: _____

_____.

Please direct any questions you may have, and your decision regarding the request, to _____
_____.

Signature

<u>For ODJFS Use Only</u>	Date Received _____
Accepted _____	Date _____
Denied _____	Date _____