



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

January 22, 2018

DAL 18-02 Special Needs Assisted Living
Residence Waiver Form DOH-5257

Dear Administrator:

The purpose of this letter is to inform you that the Division of Adult Care Facility and Assisted Living Surveillance has developed a new waiver request form, specifically designed for Assisted Living Residences that are seeking additional certification as a Special Needs Assisted Living Residence (SNALR). The waiver request form was developed to streamline the waiver request and approval processes and eliminate the need for an applicant or entity to submit individual waiver request forms for each regulation that the New York State Department frequently receives with SNALR applications. The new waiver form is available as an enclosure to this letter and is posted on the Department of Health's website under ACF forms at the following link: http://www.health.ny.gov/facilities/adult_care/forms.htm.

Please be reminded that the Adult Care Facility Waiver Request/Equivalency Notification Form (DOH-5257) must be filled out in its entirety, and submitted to your Regional Office for processing.

Patricia Hasan
Capital District Regional Office
875 Central Avenue
Albany, NY 12206
(518) 408-5287

John VanDyke
Central New York Regional Office
217 South Salina Street, 4th floor
Syracuse, NY 13202
(315) 477-8472

Bobbie Barrington
Metropolitan Area Regional Office
90 Church Street, 15th floor
New York, NY 10007
(212) 417-4440

Norine Nickason
Western Regional Office
335 East Main Street, 1st floor
Rochester, NY 14604
(585) 423-8185

Thank you for your ongoing cooperation with our efforts to improve the licensure and certification processes.

Sincerely,

Valerie A. Deetz, Director
Division of Adult Care Facility and Assisted
Living Surveillance

Enclosure

cc: B. Barrington
J. Pinto
J. VanDyke
P. Hasan
N. Nickason