

**MERRIMACK COUNTY NURSING HOME
WAIVER OF RESIDENCY REQUEST**

1. Applicant's Name: _____

Primary Address: _____

Current Location: _____

2. Name and address of individual making the request for admission on behalf of the applicant:

Phone Number: _____ Email: _____

3. State reason for requesting waiver:

4. Was the applicant ever a resident of Merrimack County:

YES NO Where: _____ When: _____

5. Does the applicant have any relatives that live in Merrimack County?

YES NO Relation: _____ Where: _____

6. Comments: _____

Signature of Person Completing Waiver

Date Completed

Waiver Approved Waiver Denied

Reviewed by Nursing Home Administrator: _____

SIGNATURE/DATE

If denied, state reason(s): _____
