**HIGH SCHOOL DIPLOMA/GED WAIVER REQUEST**

**The purpose of the rule waiver process is to allow direct support professionals up to one year to obtain their GED or high school diploma as required in rule 5123: 2-2-01 (D)(1)(c) or rule 5123: 2-3-01 (F)(1)(c).**

Instructions: Please fill out this form completely and return to DODD via email at

[Diploma-GEDWaiver@dodd.ohio.gov](mailto:Diploma-GEDWaiver@dodd.ohio.gov)

Date of Request: Click here to enter text.

County: Click here to enter text.

Agency Name: Click here to enter text.

Agency/Facility Contact Person: Click here to enter text.

Contact Person’s Email Address: Click here to enter text.

Select Setting Type:

Unlicensed Waiver

Licensed ICF  Facility Name: Click here to enter text.

Licensed Waiver  Facility Name: Click here to enter text.

1. Full name of individual for whom the waiver is requested: Click here to enter text.
2. Last 4 digits of SS#: Click here to enter text.
3. Date of Birth: Click here to enter text.
4. Expected Date of Hire: Click here to enter a date.
5. Job Title: Click here to enter text.
6. Job Duties: Click here to enter text.
7. Explanation of why the provider would like to hire the applicant in a direct service position:
8. Will this applicant be responsible for administering medications to any individual? Choose an item.

*Note: Employee MUST have HS Diploma/GED to administer medications.*

*THIS REQUIREMENT CANNOT BE WAIVED*

1. Is the applicant enrolled in High School or a GED program? Click here to enter text.
2. When is graduation or completion of the GED expected? Click here to enter text.