COLORADO
Health Care & Economic Security
Staff Development Center

Foundations Waiver Request Form

This waiver is for an existing CBMS user **who does not have an End Date on their ID.** It can be used to attend an Expanding Foundations course and complete the associated assessment in order to gain access to authorize a new HLPG or for refresher training.

Example 1: User has been authorizing Medical Assistance (MA) and Food Assistance (FA) for several years. The user's role changed and now will be responsible for Colorado Works (CW). The user has not completed Staff Development Center (SDC) training due to working MA and FA prior to SDC existence. In order to receive access to authorize CW, the user must attend CW training and complete the assessment.

Example 2: User has the appropriate access but wants to attend an EF course as a refresher.

Approval of this waiver will allow the user to by-pass the pre-requisite Expanding Foundations course(s).

Complete all required fields on this form (indicated by the *red fields).Submit the completed form to SOC_StaffDevelopment@state.co.us

SUPERVISOR/MANAGER INFORMATION (Complete all fields in the following section with current information.)

*Last Name:	*First Name:	*MI:	Phone Number:

*Organization:	*Email Address:

Requesting the EF Waiver For *(first and last name of individual for whom you are requesting a waiver)***:**

*Last Name:	*First Name:	*MI:	Phone Number:

*Organization:	*Email Address:

User has access to all necessary programs but needs to attend a refresher training. (If yes, skip to page 2):

No

Programs the individual has access to currently authorize (Check all that apply):

☐ Medical Programs ☐ Food Assistance ☐ Colorado Works
☐ Adult Financial ☐ Long Term Care

Programs the individual will need access to authorize after training is completed (Check all that apply):

☐ Medical Programs ☐ Food Assistance ☐ Colorado Works
☐ Adult Financial ☐ Long Term Care

I hereby attest that _____ *(list individual's first and last name) does not have an End Date on their ID* has the requisite skills and training necessary to by-pass the pre-requisite training courses.

I understand that by filling out this form, my organization and I assume all risk and liability issues associated with this individual's potential inappropriate uses of CBMS.

Supervisor/Manager Signature: _____ Date: _____

Approved by SDC Manager

SDC Manager Signature: _____ Date: _____