

**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

Reviewed by Nursing Home Administrator: \_\_\_\_\_

SIGNATURE/DATE

Admission Recommended: \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, state reason(s): \_\_\_\_\_

\_\_\_\_\_