**[Date]**

Mr. Andrew DeVos, Chief Program Officer

Community Behavioral Health

801 Market Street, 7th Floor

Philadelphia, PA 19107

Dear Mr. Devos,

**[Name of Agency]** is requesting a letter of support for a waiver of the Chapter 5240 Intensive Behavioral Health Services (IBHS) regulations for a period of **[time frame]** for the following regulatory requirements:

**[List all Chapter 5240 regulations applicable to this request]**

**[Include the rationale for requesting the waiver and provide a detailed plan to come into compliance with the regulation for which the waiver is being requested]**

This waiver request is being requested consistent with the requirements outlined in § 5240.111. Waivers of the Chapter 5240 Regulations.

If you have any questions regarding this request, please feel free to contact **[Name/title of agency contact person]** at **[e-mail and phone number of agency contact person].**

Sincerely,

**[Name of Agency Contact]**

**[Title of Agency Contact]**