

**REQUEST FOR AN ADEQUATE PROPORTION WAIVER**

\_\_\_\_\_ hereby requests a waiver of the requirement to  
(Area Agency on Aging)

expend an adequate proportion of Title III-B funds as set in the State Plan on  
Aging for:

1. Identify the Priority Service Category and respective percentage to be budgeted and expended:

- a. Access Services (minimum 16%) \_\_\_\_\_ Percentage
- b. In-Home Services (minimum 8%) \_\_\_\_\_ Percentage
- c. Legal Services (minimum 4%) \_\_\_\_\_ Percentage

2. Describe the rationale that services furnished for the priority services category(ies) in the planning and service area are sufficient to meet the need for the services in the area:

\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Date

