

CHILDREN'S ADMINISTRATION

**Exception Request**

|  |  |                              |                  |              |  |                                |
|--|--|------------------------------|------------------|--------------|--|--------------------------------|
| <p>1. Check appropriate box, provide references</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Licensing Requirements</p>  | <p>WAC REFERENCES</p>  |                              |                  |              |  |                                |
| <p>2. Check appropriate box. Enter costs from worksheet, and provide dates</p> <p><input type="checkbox"/> Additional Costs</p> <p><input type="checkbox"/> Exceptional Cost Foster Care (Include Attachment A, DSHS 02-510A)</p> <p><input type="checkbox"/> Exceptional Cost Group Care (Include Attachment B, DSHS 02-510B)</p> <p><input type="checkbox"/> Other (e.g. Admin. Policy):</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ADDITIONAL COST OF EXCEPTION</td> </tr> <tr> <td style="text-align: center;">AMOUNT PER MONTH</td> </tr> <tr> <td style="text-align: center;">TOTAL AMOUNT</td> </tr> <tr> <td style="text-align: center;">DATES FOR WHICH EXCEPTION IS REQUESTED</td> </tr> <tr> <td style="text-align: center;">From:                      To:</td> </tr> </table> | ADDITIONAL COST OF EXCEPTION | AMOUNT PER MONTH | TOTAL AMOUNT | DATES FOR WHICH EXCEPTION IS REQUESTED | From:                      To: |
| ADDITIONAL COST OF EXCEPTION   |  |                              |                  |              |  |                                |
| AMOUNT PER MONTH   |  |                              |                  |              |  |                                |
| TOTAL AMOUNT   |  |                              |                  |              |  |                                |
| DATES FOR WHICH EXCEPTION IS REQUESTED   |  |                              |                  |              |  |                                |
| From:                      To:   |  |                              |                  |              |  |                                |
| <p>3. LOCAL OR REGIONAL OFFICE</p>   | <p>ASSIGNED WORKER</p>   |                              |                  |              |  |                                |
| <p>CASE NAME/AGENCY (AS NECESSARY)</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">CASE /PROVIDER ID NUMBER</td> <td style="width: 30%;">DATE</td> </tr> </table>   | CASE /PROVIDER ID NUMBER     | DATE             |              |  |                                |
| CASE /PROVIDER ID NUMBER   | DATE   |                              |                  |              |  |                                |
| <p>4. Specific nature of and justification for request:</p>  |  |                              |                  |              |  |                                |
| <p>5. Alternatives explored:</p>   |  |                              |                  |              |  |                                |

6. PREVIOUS EXCEPTIONS

Any previous exceptions?  No  Yes, Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

What? \_\_\_\_\_

7. LOCAL OFFICE ACTION

SIGNATURE OF PERSON REQUESTING EXCEPTION \_\_\_\_\_ DATE \_\_\_\_\_

Endorsed  Not Endorsed COMMENTS \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

8. REGIONAL OFFICE ACTION (AS NECESSARY)

Endorsed  Not Endorsed AREA ADMINISTRATOR  
 Endorsed  Not Endorsed REGIONAL ADMINISTRATOR

9. STATE OFFICE ACTION (IF NECESSARY)

Denied  
 Approved

COMMENTS \_\_\_\_\_

COMMENTS \_\_\_\_\_

10. DECISION TELEPHONED TO OFFICE ORIGINATING REQUEST?  Yes  No DATE \_\_\_\_\_ TIME \_\_\_\_\_

11. APPROVING AUTHORITY SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_