



## RULE EXCEPTION REQUEST

LOCAL OFFICE	MAIL STOP
WORKER'S NAME	TELEPHONE NUMBER
CASE NUMBER	DATE
CASE NAME	

1. Client information (name of adults and/or children):

LAST NAME	FIRST NAME	MI	BIRTH DATE	TRAINING OR EMPLOYMENT STATUS

2. WAC references (reference to which exception is requested):

3. Specific nature of request:

4. Justification for request:

5. Alternatives explored:

6. Consequences if Exception to Rule is denied:

7. Previous exceptions:

Any previous Exceptions to Rule?  YES  NO Date: \_\_\_\_\_

APPROVED

DENIED

What was the Exception to Rule for? \_\_\_\_\_

Signature of Worker: \_\_\_\_\_

8. Dates for which rule exception is requested:

a. From \_\_\_\_\_ To \_\_\_\_\_

b.  ONE-TIME OR  CONTINUING

9. Additional costs of exception:

MONTHLY AMOUNT

OR

ONE-TIME AMOUNT

OR

TOTAL AMOUNT

For medical exceptions,  
specify the estimated total:

\$

**10. TO BE COMPLETED BY LOCAL ADMINISTRATOR**

ENDORSED

NOT ENDORSED

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**11. STATE OFFICE ACTION**

a.  APPROVED

DENIED (See comments)

b. COMMENTS:

c. Decision telephoned to Exception Coordinator >

DATE

Approving Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CODE FOR S.O. USE ONLY