RULE EXCEPTION REQUEST

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

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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>BIRTH DATE</th>
<th>TRAINING OR EMPLOYMENT STATUS</th>
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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:  
   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