



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