AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Exception to Rule Request and Notice

Guardianship Fees and Related Costs

I. To be completed by the Guardian

DATE	CLIENT'S NAME	ADMNISTRATION ☐ ALTSA ☐ DDA	CLIENT'S ID
GUARDIAN'S NAME		GUARDIAN'S PHONE NUMBER (INCLUDE AREA CODE)	
GUARDIAN'S ADDRESS			

What are you requesting?

☐ Exceed monthly fee limit ☐ Exceed establishment cost limit ☐ Exceed triennial cost limit

☐ Other (explain):

WAC 182-503-0090(1) and (2)

Justification for request (attached relevant documentation):

II. To be completed by DSHS

Request is:	AMOUNTS (IF DIFFERENT THAN ABOVE)	PERIOD
☐ Approved ☐ Partially approved ☐ Denied	☐ Monthly fee: ☐ Establishment costs: ☐ Triennial costs:	Beginning month: Ending month:

WAC 182-503-0090(2)

Remarks / reason: