**Exemption to Rule (ETR) to Exempt Room Requirements**

<table>
<thead>
<tr>
<th>WORKER’S OFFICE</th>
<th>WORKER’S TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT ID NUMBER</td>
<td>DATE</td>
</tr>
<tr>
<td>FACILITY NAME</td>
<td></td>
</tr>
</tbody>
</table>

**Please see sections checked below for important information.**

**Note to Case Worker:** This form will be used by HCS staff to document that the client was informed of the client’s right to reside in a room that fully meets the Assisted Living Facility contract requirements for physical plant under chapter 388-110-140 WAC and the client has chosen to share a room or stay in a room that does not meet the contract requirements.

Based upon the HCS staff informing the client of his/her rights regarding the minimum physical plant requirements and the decision the client makes, a request for an exemption can be either approved or denied.

Exception to Rule Request (check one):

- □ Exemption to private room. Client wants to share a room with: _______________________.
- □ Exemption to remain in a unit that does not meet contract requirements. The exempted room number: _______________________.

- □ Approved; date: ____________.
- □ Denied; date: ____________.

**COMMENTS:**

<table>
<thead>
<tr>
<th>WORKER’S SIGNATURE</th>
<th>DATE</th>
<th>SUPERVISOR’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WORKER’S PRINTED NAME</th>
<th>SUPERVISOR’S PRINTED NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HCS ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**Note:** This exemption applies only to a specific room number and only for the time listed above residents occupies that room. This exemption does not permit other residents served through the Assisted Living program to occupy this room, nor does it permit listed above residents to be relocated to another “non-qualified” room. If either resident chooses to relocate within the provided above facility, arrangements should be made for each of them to move into a room that meets the Assisted Living Facility physical plant requirements.
Instructions to Case Manager and Social Service Specialist

1. Enter the worker’s contact information.
2. Enter the client’s information
3. Enter the facility’s name
4. Select only one of the two boxes below to indicate which exemption is being requested:
   - ☐ Exemption to private room (Enter the name of the person the client wishes to share a room with).
   - ☐ Exemption to remain in a non-contracted unit (Enter the number of the exempted room).
5. The HCS staff determine if an exemption is approved or denied based on the interview completed by the CM/SSS and the client’s choice. The CM/SSS selects one of the boxes below to indicate the action taken and enters the date of the approval or denial:
   - ☐ Approved: Date: ________________
   - ☐ Denied Date: ________________
6. Submit the form to the Supervisor for review and signature.
7. Send a copy of the form to the facility, the client/representative, and the RCS Field Manager and HQ RCS Policy Program Manager.
8. Submit the original copy to DMS.