



## Request for Exception to Policy (ETP) for Use of Restrictive Procedures

PRINT CLIENT NAME	LAST	FIRST	MIDDLE	DATE OF BIRTH	COMMUNITY PROTECTION PARTICIPANT <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDRESS	CITY	STATE	ZIP CODE
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Procedure(s) for which exception is requested:

Does this person have a legal representative?  Yes  No  
 Is the document current?  Yes  No  
 If yes, provide the following:

LEGAL REPRESENTATIVE'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
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**Documentation**

Attach the following documentation per DDA Policy 5.15, Use of Restrictive Procedures Community, or DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth:

- a. Observable behavioral definition of target behavior(s) that require the use of a restrictive procedure
- b. Observable behavioral definition of the behavior(s) that will replace the target behavior(s) and make the restrictive procedure unnecessary
- c. Functional assessment or psychosexual evaluation
- d. Description of positive behavior support strategies or proposed Positive Behavior Support Plan (PBSP)
- e. Description of restrictive procedure(s) requested
- f. Documentation of less restrictive interventions used including the data analysis used to determine less restrictive interventions are not sufficient along with the reasons why they are not successful
- g. Data collection plan to evaluate the effectiveness of the restrictive procedure(s)
- h. Monitoring and evaluation plan for the use of the restrictive procedure(s)
- i. The criteria that will cause the restrictive procedure to be removed from the person's plan
- j. Protections and training in place that ensure the restrictive procedure will not harm the person
- k. Written consent of the person
- l. Written consent of the legal representative
- m. Other (specify):

**Agency Request ETP**

AGENCY'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
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ADDRESS	CITY	STATE	ZIP CODE
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PRINT ADMINISTRATOR'S NAME	ADMINISTRATOR'S SIGNATURE	DATE
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**Case Resource Manager Review**

RECOMMEND APPROVAL <input type="checkbox"/> Yes <input type="checkbox"/> No	PRINT CASE MANAGER NAME	DATE
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<b>Field Services Administrator or Psychologist Review</b>		
Final approval level required for this restrictive procedure (Check one)		
<input type="checkbox"/> RA Only <input type="checkbox"/> RA and Division Director		
COMMENTS		
RECOMMEND APPROVAL	FSA/PSYCHOLOGIST'S SIGNATURE	DATE
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Regional Administrator's Decision</b>		
<input type="checkbox"/> Recommend approval to Division Director and submit (if Director level approval is required). <input type="checkbox"/> ETP approved for ___ months (not to exceed 12 months). <input type="checkbox"/> ETP denied. <input type="checkbox"/> Resubmit with modification(s) as specified (or attach additional sheet):		
COMMENTS		
REGIONAL ADMINISTRATOR'S SIGNATURE		DATE
<b>Division Director's Decision</b>		
<input type="checkbox"/> ETP approved for _____ months (not to exceed 12 months). <input type="checkbox"/> ETP denied. <input type="checkbox"/> Resubmit with modification(s) as specified (or attach additional sheet):		
COMMENTS		
DIRECTOR'S SIGNATURE		DATE