## 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	CLIENT'S ID
		☐ ALTSA ☐ DDA	
GUARDIAN'S NAME		GUARDIAN'S PHONE NUMBER (INCLUDE AREA CODE)	
OHADDIANIO ADDICE			
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	Monthly fee:	Beginning mont	:h:
☐ Partially approved	☐ Establishment costs:	Ending month:	
☐ Denied	☐ Triennial costs:		
WAC 182-503-0090(2)			
Remarks / reason:			