

DRW Access Request Checklist

CLIENT NAME	ALLEN / MARR CLASS MEMBER <input type="checkbox"/> Yes <input type="checkbox"/> No	DDA NUMBER		
REQUESTING PERSON FROM DRW		REQUEST DATE		
RESPONDING DDA STAFF		DATE INFORMATION PROVIDED BY DDA		
		YES	NO	NA
1. Written request from DRW attached, or Oral request from DRW for the following information:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When records are requested, a consent form from consumer or legal representative is attached.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "Probable Cause" declared by DRW (no client consent or explanation of probable cause is required).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Request for client records: <ul style="list-style-type: none"> • To review original records in the DDA office. • To obtain copies of "necessary" records. Timelines for providing client records: <ul style="list-style-type: none"> • DRW request to review records scheduled within two working days. • Client records made available within five working days • Copies of client records provided within ten working days at no more than 15 cents per page. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Request for client information: Name, address, phone number of legal representatives provided to DRW by 5 pm of the next business day following request.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>