



Notice of Decision on Request for School Break Personal Care Exception to Rule

CLIENT NAME AND ADDRESS

CLIENT REPRESENTATIVE NAME AND ADDRESS

TO:

You have requested an exception to the following rule: WAC 388-106-0135
Describe the request:

- Your request for additional personal care has been approved for:
- | | | |
|-------------------|-----------------|------------------------|
| Begin date: _____ | End date: _____ | Hours for Month: _____ |
| Begin date: _____ | End date: _____ | Hours for Month: _____ |
| Begin date: _____ | End date: _____ | Hours for Month: _____ |
- Your request for additional personal care has been **denied** by your local DDA / HCS / AAA office. If you disagree with this decision, you may request a review by the Exception to Rule Committee located in Olympia. To request a review, contact your social services worker or his/her supervisor.
- Your request for additional personal care has been reviewed by the Exception to Rule Committee located in Olympia, and your request has been **denied**.

The reason for denial is:

- WAC 388-440-0001(1)(b) Your situation does not differ from the majority.
The personal care you are currently authorized to receive is adequate to assist most individuals in your CARE classification group with their personal care tasks (see WAC 388-106-0080 and WAC 388-106-0085). Your situation does not differ from the majority of other individuals in your classification group. Additional hours / dollars have not been approved.
- WAC 388-440-0001(1)(a) Granting your request contradicts a specific provision of federal law or state statute.

Because this is an initial request for an exception to rule, you do not have an administrative hearing right.

CASE / RESOURCE MANAGER'S SIGNATURE

DATE

E-MAIL ADDRESS