|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **RULE EXCEPTION**  **REQUEST** | | | | LOCAL OFFICE MAIL STOP    WORKER’S NAME TELEPHONE NUMBER    CASE NUMBER DATE    CASE NAME | |
| 1. Client information (name of adults and/or children): | | | | | | | |
| LAST NAME | | | FIRST NAME | MI | BIRTH DATE | | TRAINING OR EMPLOYMENT STATUS |
|  | | |  |  |  | |  |
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|  | | |  |  |  | |  |
| 2. WAC references (reference to which exception is requested): | | | | | | | |
| 3. Specific nature of request: | | | | | | | |
| 4. Justification for request: | | | | | | | |
| 5. Alternatives explored: | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6. Consequences if Exception to Rule is denied: | | | | | | | | | | | | | | |
| 7. Previous exceptions:  Any previous Exceptions to Rule?  YES  NO Date: | | | | | | | | | | | | APPROVED  DENIED | | |
| What was the Exception to Rule for? | | | | | | | | | | | | | | |
| Signature of Worker: | | | | | | | | | | | | | | |
| 8. Dates for which rule exception is requested:  a. From  To | | | | | | | | | b.  ONE-TIME OR  CONTINUING | | | | | |
| 9. Additional costs of exception: | | | | | | | | | | | | | | |
|  | | MONTHLY AMOUNT | OR | ONE-TIME AMOUNT | OR | TOTAL AMOUNT | | | | For medical exceptions, specify the estimated total: | | | **$** |  |
|  | | | | | | | | | | | | | | |
| **10. TO BE COMPLETED BY LOCAL ADMINISTRATOR** | | | | | | | | | | | | | |
| ENDORSED  NOT ENDORSED | | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | | | | | | | | |
| **11. STATE OFFICE ACTION** | | | | | | | | | | | | | | |
| a.  APPROVED  DENIED (See comments)  b. COMMENTS: | | | | | | | | | | | | | | |
| c. Decision telephoned to Exception Coordinator **>** | | | | | | DATE | | | |  | | | |
| Approving Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | | | | | | | | | | | | |
| CODE FOR S.O. USE ONLY | | | | | | | |  | | | | | | |