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|  | 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  ALTSA  DDA | | CLIENT’S ID |
| GUARDIAN’S NAME | | | GUARDIAN’S PHONE NUMBER (INCLUDE AREA CODE) | | |
| 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:  Approved  Partially approved  Denied | | AMOUNTS (IF DIFFERENT THAN ABOVE)  Monthly fee:  Establishment costs:  Triennial costs: | | PERIOD  Beginning month:  Ending month: | |
| WAC 182-503-0090(2)  Remarks / reason: | | | | | |