

EXCEPTION REQUEST FORM

PROVIDER

The provider is the adult responsible for ensuring compliance with rules governing certified family homes.

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| Provider Name: | | Telephone: |
| Address: | | |
| City: | State: | ZIP: |

RULE

The rule for which the provider is requesting an exception.

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| Rule Reference: IDAPA 16, Title 03, Chapter 19, Section/Subsection: |
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JUSTIFICATION

Narratives that justify to the Department reasons for granting an exception to the rule identified above.

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| Good Cause/Extenuating Circumstance: Please explain why you are seeking an exception, including why your specific situation makes it difficult for you to meet the rule. |
| Compensating Factors: Please explain how you will ensure the safety and wellbeing of your resident(s) in place of complying with the rule. |

SPECIAL CONDITIONS (To be completed by Department staff only)

Requirements that will be in place as conditions for the provider to operate the certified family home in non-compliance with the rule identified above.

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RESIDENT ACKNOWLEDGEMENT

Confirmation that the residents have been made aware of and agree in principle to the request for this exception.

| <p>My signature indicates the following:</p> <ul style="list-style-type: none"> • I have been informed of this exception request; • I understand an exception to this rule may affect my living arrangement; • I have been informed or will be informed of any special conditions in connection to this exception; • I am competent to make choices about my living arrangement; • I request this specific living arrangement; and • I have not been coerced into making this request. | |
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| RESIDENT NAME(S) | RESIDENT OR REPRESENTATIVE SIGNATURE(S) |
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APPLICATION VERIFICATION

Confirmation that the provider agrees to abide by the special conditions and ensure the health and safety of residents.

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| <p>In requesting this exception, I am assuring that the health and safety of the residents will not be jeopardized if the exception is granted.</p> | |
| <p>I agree to abide by any special conditions the Department attaches to granting this exception.</p> | |
| <p>I understand that this exception expires as indicated below, and I must submit a new request to extend this exception upon its expiration. If an exception expires without renewal, I will comply with the rule.</p> | |
| <p>I understand that should the Department grant this exception, it is not considered a precedent and will not be given any force or effect in any other proceeding.</p> | |
| <p>Provider Signature:</p> | <p>Date:</p> |

DEPARTMENT DETERMINATION (To be completed by Department staff only)

The Department's review and determination of whether or not to grant this request for an exception

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| <p>Determination: This request for an exception is <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> | |
| <p>Effective Date:</p> | <p>Expiration Date*:</p> |
| <p>*If there is no expiration date, the Department is granting a permanent waiver to the provider for this rule.</p> | |
| <p>This exception is effective as indicated above unless the Department revokes this variance or waiver.</p> | |
| <p>Program Manager Signature:</p> | <p>Date:</p> |