

Exception to Policy Request



CICS

Supporting Individuals. Strengthening Communities.

Client Name: _____ CSN ID #: _____

Current Address/Placement: _____
Street City State Zip

Service Coordinator Requesting: _____ Date of Request: _____

Policy/Provision for which ETP is requested:

Service(s) for which exception is requested:

Provider	Service	# of Units	Unit Type	Unit Rate	Start Date	End Date
1.						
2.						

Explanation of need for ETP:

Officer Recommendation: ☐ Approve as requested ☐ Approve with modifications ☐ Deny

Officer Comments or Explanation of Recommendation:

Officer Signature: _____ Date: _____

Final Decision: ☐ Approved as recommended by Officer
☐ Approved as recommended by Officer with Modifications
☐ Denied as recommended by Officer
☐ Denied

CEO Comments or Explanation of Decision:

CEO Signature: _____ Date: _____

Service Coordinators shall submit ETP request to Coordination Officer for review and submission to the CEO for final decision. Upon a final decision by CEO, the completed form will be returned to the Coordination Officer who will then contact the Service Coordinator of the decision.