



## Program Exception Form

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Agency: \_\_\_\_\_

Name of Staff Completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Exception Request: \_\_\_\_\_

**Exception Reason:**

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**Additional Comments:**

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**For Partnership Staff Only:**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved or Denied \_\_\_\_\_

Signature: \_\_\_\_\_

