

SYT-I – Exception Request Form

Please fax to: IDPH at 515-281-4535

or

Email: cara.weis@idph.iowa.gov

Date Requested:	Provider Organization:
Client Name:	Provider Staff:
Client Identification Number:	Provider Email:
	Provider Fax:

Describe the exception request and how it supports the client's *recovery*:

Approved Denied

Notes:

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____
(if applicable)

Date: _____

Provider / Witness Signature: _____

Date: _____

IDPH Signature: _____

Date: _____