

## Exception Request Form

Please submit to Jennifer Robertson-Hill via email @ [jennifer.robertson-hill@idph.iowa.gov](mailto:jennifer.robertson-hill@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: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_

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

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

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