

REQUEST FOR EXCEPTION TO POLICY

Job Candidate: _____ Date: _____

VR Staff: _____

1. According to Policy Manual guidance: (Check as appropriate)

Economic Need	Rehabilitation Technology
Comparable Services and Benefits	Placement
Financial Assistance for Post-secondary	Occupational Licenses, Tools, Equipment, etc. (refer to appropriate policy section)
Physical & Mental Restoration Services	Other Goods and Services (i.e. Reader)
Training Services	Supported Employment
Maintenance	Personal Assistance Services
Transportation ★	Home Modification
Services to Family Members	Other:
Interpreter and Note taker Services	

*For all computer purchases, use Personal Computer Purchase Review Guide.
For exceptions related to the self-employment program, use the ISE Exception Request Form.*

2. Describe what aspect of policy for which an exception is being requested:

3. Check issues in conflict with policy identified above:

Disability Related	Financial Issue (i.e. monthly income)
Family Issue	Emergency Need
Academic Progress	Other:
Exhaustion of All Resources Available	

4. Explain how the issue(s) impact the client's ability to progress in his/her rehabilitation plan and explain adverse consequences without an exception:

5. How does this exception request fit into the original and ongoing financial planning? (financial planning at the development/revision of the IPE)

6. Describe attempts to minimize or address the issue(s):

7. If the request is for AT, does the schematic meet the ADA requirements as approved by the AT Specialist?

Yes No

8. Other Information to Consider: (i.e. Job Candidate plan on how to handle maintenance, repairs, etc, in future.)

COUNSELOR:

AGREE DISAGREE

If the counselor does not agree, provide the rationale below:

Counselor Signature

Date

SUPERVISOR APPROVAL:

APPROVED NOT APPROVED

If not approved, provide the rationale below:

Supervisor Signature

Date

BUREAU CHIEF APPROVAL: (★For vehicle insurance or the lease/purchase of automobiles, vans, trucks, or semi-tractors, trailers or real estate ONLY, submit to Bureau Chief.)

APPROVED NOT APPROVED

If not approved, provide the rationale below:

Bureau Chief Signature

Date