

EXCEPTIONAL PAYMENT REQUEST

Child Name _____ I.D. No. _____

Provider Name _____ Provider No. _____

Region _____ Voucher No. _____ Worker _____

Request and Reason for Request _____

Amount of Request _____ Amount of Request Approved _____
(Supervisor's Signature)

What other resources were explored? _____

Printed Name of Approving Regional Administrator or Designee:

Request Approved _____ Date _____
(Regional Administrator or Designee's Signature)

- Copies to –
- Case File
 - Supervisor's File
 - Voucher Copy
 - Exceptional Payments Coordinator