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|  |  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Exception to Rule Request and Notice** **Guardianship Fees and Related Costs** |
| **I. To be completed by the Guardian** |
| DATE | CLIENT’S NAME | ADMNISTRATION[ ]  ALTSA [ ]  DDA | CLIENT’S ID |
| GUARDIAN’S NAME | GUARDIAN’S PHONE NUMBER (INCLUDE AREA CODE) |
| GUARDIAN’S ADDRESS |
| What are you requesting?[ ]  Exceed monthly fee limit [ ]  Exceed establishment cost limit [ ]  Exceed triennial cost limit[ ]  Other (explain):  |
| WAC 182-503-0090(1) and (2)Justification for request (attached relevant documentation):  |
| **II. To be completed by DSHS** |
| Request is:[ ]  Approved[ ]  Partially approved[ ]  Denied | AMOUNTS (IF DIFFERENT THAN ABOVE)[ ]  Monthly fee: [ ]  Establishment costs: [ ]  Triennial costs:  | PERIODBeginning month: Ending month:  |
| WAC 182-503-0090(2)Remarks / reason:  |