

COVID-19 Exception Request

Date of Request:	Provider Organization:
Provider Staff:	Provider Email:
Unique Client Number (UCN):	Provider Telephone:

Exception Category:
 Service cap increase Increase in client annual max
 Other (Describe):

Exception Description:

Describe how this request is related to client's recovery:

Client's involvement in recovery (include any recovery supports received):

COVID-19 funding received to date: \$
Anticipated cost of request: \$

Submit via email attachment to jennifer.robertson-hill@idph.iowa.gov. Include client signature only if sending via secure email.

Client Signature: _____

Date: _____

Provider Signature: _____

Date: _____

For IDPH Use Only

Approved
 Returned for additional information
 Denied

Comments:

IDPH Signature: _____

Date: _____

**If this exception request pertains to a client-related issue, please ensure this form is sent securely.*