



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Developmental Disabilities Services

Request for Exception Rate for Consultative Behavior Services

General Information	NAME OF INDIVIDUAL TO BE ASSESSED:		TODAY'S DATE:	
	DATE OF BIRTH:	MCI#:	COUNTY OF RESIDENCE:	
	AGENCY SUBMITTING REQUEST:	CONSULTING BA SUBMITTING REQUEST:	SUPPORT COORDINATOR/CASE NAVIGATOR:	

Requested Additional Hours	PLEASE DETAIL THE REASON ADDITIONAL HOURS ARE NEEDED, INCLUDING SUMMARY OF SUPPORTING DOCUMENTATION:		
	DATE DISCUSSED WITH TEAM AND IDENTIFY TEAM MEMBERS:		NUMBER OF ADDITIONAL UNITS/HOURS REQUESTED:
	NUMBER OF AUTHORIZED UNIT/HOURS:		NUMBER OF UNIT/HOURS REMAINING FOR FISCAL YEAR:

At the end of the fiscal year authorization will automatically return to originally authorized BA Consultative Support Hours.

FOR SUPPORT COORDINATOR/CASE NAVIGATOR TO COMPLETE:

Agreement Status	REVIEWED BY (NAME/TITLE):		
	<input type="checkbox"/> Do Not Agree <input type="checkbox"/> Agree		DATE REVIEWED:
	COMMENTS:		

FOR DDDS BEHAVIORAL DEPARTMENT TO COMPLETE:

Approval Status	<input type="checkbox"/> Not Approved <input type="checkbox"/> Approved		NUMBER OF UNIT/HOURS APPROVED:
	APPROVED BY (NAME/TITLE):		DATE APPROVED:
	DATE SUPPORT COORDINATOR NOTIFIED & AUTHORIZATION SENT (IF APPLICABLE):		
	COMMENTS:		