

**Appendix A**

	<p>DELAWARE HEALTH AND SOCIAL SERVICES Division of Developmental Disabilities Services</p>	<p><b>Request for Additional Support Hours</b></p>
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<p>Name of Individual:</p> <p>Name of Service Provider:</p> <p>Date of Request:</p> <p>Start Date Requested:</p> <p>Name of Site/Home:</p>	<p>Type of Request:</p> <table border="0"> <tr> <td>Check one:</td> <td>Check one:</td> </tr> <tr> <td>Residential</td> <td>New Request</td> </tr> <tr> <td>Day Services</td> <td>Extension</td> </tr> <tr> <td></td> <td>Modification</td> </tr> </table>	Check one:	Check one:	Residential	New Request	Day Services	Extension		Modification
Check one:	Check one:								
Residential	New Request								
Day Services	Extension								
	Modification								

***\*\*If all fields are not completed, the request will not be processed\*\****

1. Please summarize why additional hours are being requested. Please include data points that are being tracked to support this request:



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<p>4. Number of ICAP support hours/units for the individual:</p> <p style="margin-left: 40px;">a. Number of additional support hours/units being requested:</p> <p style="margin-left: 40px;">b. Total number of support hours combined (ICAP hours + additional hours of support requested):</p> <p>5. Total number of daily support hours/units for the group the individual is supported in at day program or work/entire household (please notate any other service recipient that is receiving 1:1 staffing so those hours are not counted as potential supports hours associated with this request):</p> <p style="margin-left: 40px;">a. Staff/Individual ratio at Day Program/Work-</p> <p style="margin-left: 40px;">b. Staff/Individual ratio first shift for entire household(Residential request only-please notate any other service recipient that is receiving 1:1 staffing so those hours are not counted as potential supports hours associated with this request):</p> <p style="margin-left: 40px;">c. Staff/Individual ratio second shift for entire household (Residential requests only-please notate any other service recipient that is receiving 1:1 staffing so those hours are not counted as potential supports hours associated with this request):</p> <p style="margin-left: 40px;">d. Staff/Individual ratio third (overnight) shift for entire household (Residential requests only-(please notate any other service recipient that is receiving 1:1 staffing so those hours are not counted as potential supports hours associated with this request):</p> <p>6. For how long are the additional support hours expected to be needed?</p> <p>7. Date the request was discussed by the team:</p>			



**Appendix B**

 <p><b>DELAWARE HEALTH AND SOCIAL SERVICES</b> Division of Developmental Disabilities Services</p>	<p><b>DDDS Use Only</b> <b>Exception Request Review Form</b></p>
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<p>Name of Individual:</p> <p>Name of Service Provider:</p> <p>Date of Request:</p> <p>Start Date Requested:</p> <p>Name of Site/Home:</p>	<p>Type of Request:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Check one:</p> <p style="padding-left: 20px;">Residential</p> <p style="padding-left: 20px;">Day Services</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Check one:</p> <p style="padding-left: 20px;">New Request</p> <p style="padding-left: 20px;">Extension</p> <p style="padding-left: 20px;">Modification</p> </td> </tr> </table>	<p>Check one:</p> <p style="padding-left: 20px;">Residential</p> <p style="padding-left: 20px;">Day Services</p>	<p>Check one:</p> <p style="padding-left: 20px;">New Request</p> <p style="padding-left: 20px;">Extension</p> <p style="padding-left: 20px;">Modification</p>
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<b>DDDS SC/EN/CN Authorization:</b>		
<p>Approved</p> <p>Approved w/revisions (list revisions below)</p>  <p>Not Approved (list reason(s) why)</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">SC/EN/CN Signature</td> <td style="width: 50%;">Date</td> </tr> </table>	SC/EN/CN Signature	Date
SC/EN/CN Signature	Date	
<p><i>** Electronically submit completed <b>approved</b> forms to RPD for residential requests or to Regional Day Services Director for day requests in order for the request form and accompanying authorization to be completed and submitted to OBSS.**</i></p>		

<b>RPD/Day Service Director Authorization:</b>
<p>RPD/Day Service Director Signature or Designee    Date</p> <p>Comments:</p>