DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES
Safety, Oversight and Quality Unit

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Exception Request Worksheet

Date completed: _____

Consumer name: _____ Prime ID: _____

Provider name: _____ Provider number: _____

Secondary caregiver's name	Tasks	Hours per day	Number of days per week	Weekly hours
				0
				0
				0
				0
		Monthly hours requested		0.00

Case manager signature: _____

Case manager email: _____

Provider signature: _____

**Hours approved will be paid per rate schedule. OAR 411-027-0050*