

**REQUEST FOR EXCEPTION  
TO ESTABLISHED MAXIMUM NUMBER OF UNITS  
FOR  
SUPPORTS COORDINATION SERVICES**

**NAME OF SUPPORTS COORDINATION ORGANIZATION (SCO):**

\_\_\_\_\_

**NAME AND EMAIL ADDRESS OF PERSON COMPLETING REQUEST:**

\_\_\_\_\_

**NAME OF WAIVER PARTICIPANT:**

\_\_\_\_\_

**APPLICABLE WAIVER:**

CONSOLIDATED

P/FDS

**NUMBER OF UNITS BEING PROPOSED:**

\_\_\_\_\_

**DETAILED DESCRIPTION OF CIRCUMSTANCES REQUIRING AN EXCEPTION TO THE ESTABLISHED MAXIMUM # OF SC UNITS (please include an explanation of circumstances that resulted in intense SC supports and the efforts taken to address the situation):**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF UTILIZATION PATTERN, BASED ON REVIEW OF CLAIMS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST SUBMITTED TO ADMINISTRATIVE ENTITY:**

\_\_\_\_\_ (Date)

**ADMINISTRATIVE ENTITY DECISION:**

APPROVED

DISAPPROVED

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

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**COMMENTS FROM AE [IF DISAPPROVAL RECOMMENDED]:**

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**REQUEST & RECOMMENDATION SUBMITTED BY AE TO REGIONAL PROGRAM OFFICE:** \_\_\_\_\_

(Date)

**REGIONAL PROGRAM OFFICE DECISION:**  **APPROVED**       **DISAPPROVED**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

**REASONS FOR DISAPPROVAL:**

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**ODP REGIONAL OFFICE DECISION SUBMITTED TO SCO:**

\_\_\_\_\_  
(Date)

**ADDITIONAL COMMENTS:**       **SCO**       **AE**       **REGIONAL OFFICE**

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REQUEST FOR EXCEPTION TO MAXIMUM SC UNITS  
ODP/SP/WAIVER SC/7.7/08