

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
 CERTIFICATION AND LICENSING STANDARDS
REQUEST FOR EXCEPTION**

Provider Requesting Exception:		Date:	
Facility Type:	Signature of Provider Executive Director:		
Name of Facility:	Signature of Governing Board Chairperson:		
Policy or Standard from which Exception is requested (e.g., 000-00-DD, DDSN Respite Standards, etc.)	Nature and reason for Exception Request (specify if for one individual (give name), one Facility (give name), for all residential programs, day, etc., or for the entire Organization along with the reason)	Explain how the safety of program participant(s), the staff or the public will not be endangered, if this Exception is Granted	
Explain how this Exception, if granted, the Quality and Quantity of Services will be maintained			
Comments:			
Signature: _____ Director-Quality Management	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date: _____		
Signature: _____ State Director/Designee	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date: _____		