

Locality Name:

Locality Fips Code:

CPMT Chair:

Phone:

Representative Authorized To Request Exception:

Individual to Contact For More Information:

Phone:

Initials of Child for Whom Exception is Requested:

Last 4 digits of SSN:

Reason Exception Is Needed:

For a Medicaid eligible child/youth, a Medicaid provider is not available.

Provider not available within reasonable geographic distance.

Date of consult with DMAS/Magellan:

Details:

There is a waiting list that prevents delivery of services within a reasonable time frame.

Details:

Exceptional circumstances.

Details:

Submitted by:

Date: