Office of Children's Services
Empowering communities to serve youth

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: