

**EXCEPTIONAL PAYMENT REQUEST**

Child Name \_\_\_\_\_ I.D. No. \_\_\_\_\_

Provider Name \_\_\_\_\_ Provider No. \_\_\_\_\_

Region \_\_\_\_\_ Voucher No. \_\_\_\_\_ Worker \_\_\_\_\_

Request and Reason for Request \_\_\_\_\_

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\_\_\_\_\_

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Amount of Request \_\_\_\_\_ Amount of Request Approved \_\_\_\_\_  
(Supervisor's Signature)

What other resources were explored? \_\_\_\_\_

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\_\_\_\_\_

Printed Name of Approving Regional Administrator or Designee:

\_\_\_\_\_

Request Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Regional Administrator or Designee's Signature)

- Copies to –
- Case File
  - Supervisor's File
  - Voucher Copy
  - Exceptional Payments Coordinator