



Off-Site Exception Request

This request is for (*check only one*): Initial Request Renewal Request License Number: _____

Organizational Information

Complete Legal Name: _____
 Official Legal Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax Number: _____

Off-Site Service Exception Location

Name of Off-Site Building/Agency: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Phone Number: _____ Fax Number: _____

Reason For Exception Request

Days of The Week And Hours of Operation (*Not to exceed 15 hours weekly*)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Expected number of individuals to be served per week:

Names of Professional Staff Who Will Provide The Services

Address where records will be maintained: _____

Check All That Apply

- | | | | | |
|--|--------------------------------|-------------------------------------|---|---------------------------|
| <input type="checkbox"/> Level I (Outpatient) | <input type="checkbox"/> Adult | <input type="checkbox"/> Adolescent | Does this site meet criteria for required enrollment? | <input type="radio"/> Yes |
| <input type="checkbox"/> Level II (Intensive Outpatient) | <input type="checkbox"/> Adult | <input type="checkbox"/> Adolescent | | <input type="radio"/> No |
| <input type="checkbox"/> DUI | | | | |

Authorized Organization Representative's Printed Name _____ Authorized Organization Representative's Signature _____ Date _____

E-mail: _____