



### VR EXCEPTION REQUEST

Customer Name: \_\_\_\_\_ DRS Counselor: \_\_\_\_\_  
 Address: \_\_\_\_\_ DRS Office Location: \_\_\_\_\_  
 \_\_\_\_\_ Supervisor Initials: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ (Supervisor must initial before request is sent to Bureau Chief.)  
 Date of Request: \_\_\_\_\_

**THE CUSTOMER OR THEIR REPRESENTATIVE SHALL COMPLETE THE FOLLOWING:**

1. What specific exception are you requesting?
  
  
  
2. Why is the exception necessary for you to reach your employment goal?
  
  
  
3. What are other ways you have attempted to meet this need?

**THE DRS REHABILITATION COUNSELOR SHALL COMPLETE THE FOLLOWING:**

1. Do you support the customer's request for this exception? Please explain how the exception will assist the customer in reaching their employment goal.
  
  
  
2. What specific administrative rules were addressed?
  
  
  
3. What comparable benefits or other resources have been considered?

**All exception requests will be reviewed by appropriate DRS personnel and a written decision rendered within ten (10) business days from the date the request was received. A denial may be appealed (89 Ill. Admin. Code Part 510) and the customer shall be informed of their appeal rights along with the availability of the Client Assistance Program.**

An Exception Request was submitted on \_\_\_\_\_.

After review, I have made the following decision:

- The exception request is approved.
- The exception request is denied.
- The following revision or clarification is required:

Re-submission Date: \_\_\_\_\_

\_\_\_\_\_  
DRS Bureau Chief's Printed Name

\_\_\_\_\_  
DRS Bureau Chief's Signature

\_\_\_\_\_  
Date