DDS HCBS Review & Exception Request Form

(Policy #2014-1 — Section F(b) & Section H)

Date of Request:

Agency Name:

Requestor Full Name & Title:

Requestor Email:

Type of Request:

DDS Region:

Proposed Setting Configuration & Capacity

Site Address:

Check all that apply:

Single-family home	Duplex
Triple-decker/multi-unit building	Adjacent homes/programs/bordering lots
Other (Describe):	

Number of units/homes included in this request:

Current licensed capacity (if applicable):

Proposed Licensed Capacity per unit/home:

Description of Proposed Setting
Describe neighborhood, street type, nearby landmarks, and how the setting supports community integration:

Community Integration Opportunities
Describe how the setting avoids isolation and supports integrated living:

Access to Community Resources

List examples such as shops, parks, health care, transportation, and places of worship:

Surrounding DDS/Provider Sites & Capacities (if known):

List DDS-licensed sites on the same street, adjacent lots, or close proximity. Include operator (and whether affiliated/sister agency), address, and licensed capacity.

Justification

Describe the specific circumstances that warrant this request. Include:

- Why the request is necessary (e.g., housing shortage, service gap)
- Individuals to be served (include any unique needs, accessibility)
- Staffing, transportation, and supports that will ensure full participation

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Provider Signature: **Date Signed:**

DDS HCBS Review & Exception Request Approval

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Request Type:

Regional Director Decision:
Comments:

Signature: **Date:**

Assistant Commissioner of Field Operations Decision:

Comments:

Signature: **Date:**

Assistant Commissioner of Quality Management Decision:

Comments:

Signature: **Date:**

***Deputy Commissioner Decision:**

Comments:

Signature: **Date:**

***General Counsel Decision:**

Comments:

Signature: **Date:**