

## APS Confirmation/Finding for Crisis Exception Requests

**Waiver Type:**

- Frail Elderly
- Brain Injury
- Intellectual Developmental Disability
- Physical Disability

**Person Making Confirmation:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Consumer Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

**Vulnerability** preventing individual from being able to care for themselves: \_\_\_\_\_

**APS Investigation Information:**

Source of Request to APS: \_\_\_\_\_ Date of Request to APS: \_\_\_\_\_

Reason for Crisis Exception: \_\_\_\_\_

Finding:  Substantiated A/N/E Date of Finding: \_\_\_\_\_

Unsubstantiated A/N/E

Open A/N/E investigation

Finding Due Date if investigation is not complete: \_\_\_\_\_

**Additional Information/Comments:**

\_\_\_\_\_  
Signature

