**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 |

