**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 |

