

Request for ISA Signature Variance

Agency Name:

Date of Request:

Requesting Agency Staff and Contact Info:

Individual Name:

Guardian Name:

Guardian Contact phone and e-mail:

ISA Implementation/Due Date:

Reason a Variance is being requested:

Significant life event for guardian Individual

Death of significant person

Unexpected move/loss of housing

Serious illness, hospitalization, rehabilitation facility

Guardian has not provided approval/signature (despite attempts outlined below).

Significant atypical event Please explain:

Length of time requested to obtain required signature(s): days

Actions taken by the agency in an attempt to complete ISA and obtain signatures in a timely manner:

(ISA Planning Process = communication/meetings between assigned agency staff, the person and their team completed prior to the ISA being drafted and prepared for approval by required team members.)

Date Team ISA Planning Process Initiated:

Date Team ISA Planning Process Completed:

Is the ISA written and awaiting signature/approval from individual &/or guardian?

Date ISA presented/sent for signature/documentation of approval

To Individual:

To Guardian:

Manner and dates of additional attempts to obtain signature/approval please include all documented attempts:

Phone/voice-mail

E-mail/FAX

Letter

In Person

Other

Briefly describe the Agency/Team's plan to obtain the required signature(s) within the requested time:

Variance approved for 30 days, unless otherwise negotiated with Quality Review Team, days

Not approved

Signature of QMR

Date

Signature of QMTL

Date