



## REQUEST FOR EXCEPTION

**Type of Facility:** \_\_\_\_\_

An exception to a Regulation may be allowed by the department if:  
 (1) The applicant requests an exception from the department; and  
 (2) The exception is determined to be in the best interests of the child(ren) or their families.

Please complete the following and return to **Kansas Department for Aging & Disability Services**, fax or e-mail if request is urgent.  
 I/we request an exception to K.A.R. # \_\_\_\_\_.\* Exception is needed from \_\_\_\_\_ until \_\_\_\_\_.  
(Date) (Date)  
 Current License Capacity \_\_\_\_\_ and age range \_\_\_\_\_.

Reason for request: **[Explain how this exception request is in the best interest of the child(ren). If this exception is granted, how will you assure the health, safety and well-being of children in care? Please answer fully. Use separate page if needed]**

\*If request is to exceed license capacity in a facility, please include the number, age and gender of all children to be placed. Include a floor plan and designate where the children will be placed. Please indicate if adequate beds are available. If the use of a type of bed other than what has already been approved is planned, please include the description.

Name of Facility	License Number	Address	City	Zip	County
Telephone Number	Fax Number	E-mail Address			Date
Operator	Address	City	Zip	County	

MUST BE COMPLETED BY THE LOCAL QUALITY IMPROVEMENT FIELD STAFF FOR RESIDENTIAL FACILITIES  
 WHEN REQUEST IS AN ENVIRONMENTAL OR HEALTH ISSUE OR IS TO EXCEED LICENSE CAPACITY

Quality Improvement Field Staff Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_  
 Signature of Quality Improvement Field Staff Date

KDADS Administrator Response: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_  
 Comments: \_\_\_\_\_

\_\_\_\_\_  
 Signature of KDADS Administrator Date

Post approval section of this form with license during the exception period.