REQUEST FOR EXCEPTION TO IVRS POLICY

Use this form to request an exception to all IVRS policies other than computer purchases or surgical procedures and hospitalization. For computer purchases, use the Personal Computer Purchase Review Guide and for surgical procedures and hospitalizations, use the Request for Exception to Policy for Surgical Procedures and Hospitalizations form.

Job Candidate: Click or tap here to enter text. Date: Click or tap here to enter text.

IVRS Staff: Click or tap here to enter text.

1. Check the appropriate policy or policies:

- ☐ Economic Need
- ☐ Comparable Services and Benefits
- ☐ Self-Employment
- ☐ Status 18: Training Services
- ☐ Financial Assistance for Post-Secondary Training*
- ☐ Other Training
- ☐ Supported Employment Services
- ☐ Physical & Mental Restoration Services
- ☐ Maintenance
- ☐ Transportation
- ☐ Rehabilitation Technology (including Home or Vehicle Modifications)
- ☐ Occupational Licenses, Tools, Equipment, etc. (refer to appropriate policy)

Miscellaneous Policy:

- ☐ Reader Services
- ☐ Other Goods and Services

- ☐ On-the-Job Training and Externship Training
- ☐ Personal Assistance Services
- ☐ Non-Supported Employment Job Coaching
- ☐ Other: Click or tap here to enter text.

*Beginning 7/1/2025, funding for out-of-state or private post-secondary institutions when there is an in-state public option for the training requires Bureau Chief approval prior to adding the service to the IPE.

What is/are the specific exception(s) to which this request applies? If multiple exceptions are being requested, list all.
Click or tap here to enter text.

2. Why is this request needed (rationale/justification including disability-related or financial issues including R-406 participation amount, if any, and cost of the request)?
Click or tap here to enter text.

3. What comparable benefits and services or alternatives have been sought and what is the plan for ongoing costs? Describe any other pertinent information that can assist management in their decision to support or deny this request.
Click or tap here to enter text.

4. Describe any other pertinent information that can assist management in their decision to support or deny this request.
Click or tap here to enter text.

Counselor's Decision:

☐ Agree ☐ Disagree

Rationale:
Click or tap here to enter text.

Counselor Signature | Date

Supervisor's Decision:

☐Agree ☐Disagree

Rationale:
Click or tap here to enter text.

Supervisor Signature | Date

Bureau Chief's Decision:

☐Approved ☐Not Approved

Rationale:
Click or tap here to enter text.

Bureau Chief Signature | Date