



Lane County CDDP Exemption Request for EVV Entries

PSW Name: _____
(REQUIRED)

Provider Number: _____
(REQUIRED)

Reason for Exception - EVV

Please select ALL that apply:

- I, and the individual(s) I support, do not have a phone or tablet that can access EVV
- I have access to a phone or tablet that can access EVV but there is no internet connection available in the homes of the individual(s) I support
- I have access to a phone or tablet that can access EVV but there is no mobile data connection available in the homes of the individual(s) I support
- There is a safety risk with using location services on my phone or tablet for myself or for the individual I support
 Please attach documentation such as an order of protection, letter from a social services agency, or other information demonstrating the threat to yourself
 Risk is to myself Risk is to the Individual(s) I support

This can be due to the following: stalking, harassment, domestic violence, or other factors

Please list all the individuals you support:

Client Name: _____
 Client Address: _____
 City: _____ Zip Code: _____

Client Name: _____
 Client Address: _____
 City: _____ Zip Code: _____

Client Name: _____
 Client Address: _____
 City: _____ Zip Code: _____

Client Name: _____
 Client Address: _____
 City: _____ Zip Code: _____

Signature _____ Date _____

By signing or typing my name above, I do hereby attest I am the individual that is completing this form and that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to a revocation of this exception.

For CDDP Use Only

Exception Granted: Yes No Exception Type: Global Individual

Start Date: _____ End Date: _____ Staff Initials _____