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| **Department of Health Services**  Division of Public Health  F-01700 (01/2025) | **State of Wisconsin**  Communicable Disease Harm Reduction Section  Phone: 800-991-5532  Fax: 608-266-1288 |
| **Exception-To-Policy Request** | |

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| --- | --- | --- | --- |
| **Client Last Name** | **Client First Name** | | **Date of Request** |
| **Client HDAP ID** | | **Client Date of Birth (mm/dd/yyyy)** | |

**Exception Requested**

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**Justification (Provide all relevant information / attach additional sheets as needed)**

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**HDAP Comments**

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| **Requestor Name** | | **Requestor Title** | |
| **Signature — Requestor** | | **Date Signed** | |
| **Return completed form to Wisconsin HDAP by U.S. mail or fax:** | | | |
| **Mailing Address:**  **Division of Public Health**  **Attn: HDAP**  **PO Box 2659**  **Madison, WI 53701** | | **Fax: 608-266-1288**  **Phone: 800-991-5532** | |
| **Administrative Use Only** | | | |
| **Date:**  **Approved**  **Denied** | **Initial Here** | | **Comments** |