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| **Department of Health Services**Division of Public HealthF-01700 (01/2025) | **State of Wisconsin**Communicable Disease Harm Reduction SectionPhone: 800-991-5532Fax: 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** |