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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-20691 (10/2016) | **STATE OF WISCONSIN**  HFS 62.05(2)(a) | | | |
| REQUEST FOR EXEMPTION – INTOXICATED DRIVER PROGRAM (IDP) **EMPLOYMENT OF INDIVIDUALS WITH LESSER QUALIFICATIONS** | | | | |
| Completion of this form is required under HFS 62.05(2)(a) when employing assessors who do not meet the minimum qualifications per subdivision 2 of HFS 62.05(2)(a) and must be submitted to DHS/Division of Care and Treatment Services/Bureau of Prevention Treatment and Recovery for approval. Failure to comply may result in forfeiture of the assessment facility’s authority to conduct IDP assessments. | | | | |
| Name of Assessment Facility | Name - Contact | | | |
| Address | | | | Telephone Number - Contact |
| County | Name – County IDP Designated Coordinator | | | |
| Name – Assessor for Whom Exemption is Being Requested | | | | |
| Summary of Assessor’s Credentials—Education and training, degrees and/or certifications, years of experience conducting IDP assessments | | | | |
| Per HFS 62.05(2)(a) 2., please describe the assessment facility’s need as it pertains to employment of individuals with lesser qualifications than those required by Administrative Rule HFS 62.05(2)(a)1. | | | | |
| Does the above-named assessor have a plan to meet the requirements of a qualified assessor as defined in HFS 62.05(2)(a)1?  No  Yes—Please briefly describe plan, including timeline. | | | | |
| Please describe how the assessment agency will work toward employment of assessors who meet the requirements stated in the rule. | | | | |
| **SIGNATURE** – Assessment Facility Contact | | | Date Signed | |
| **SIGNATURE** – IDP Designated Coordinator | | | Date Signed | |
| **FOR DEPARTMENT USE ONLY** | | | | |
| Name – Reviewed By | | | Date Reviewed | |
| Comments | | | | |
| Approved:  Yes  No | | Approval Expires (Date): | | |

Distribution: Original – DHS Copy - County AODA Coordinator