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| **DEPARTMENT OF HEALTH SERVICES**Division of Care and Treatment ServicesF-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