



**Secondary Freedom of Choice (SFOC) Policy and Procedure**  
**Exception Request Form**

Pursuant to the SFOC Policy and Procedure, provider agencies cannot not deny services to any individual once a SFOC has been signed, unless they can demonstrate that they do not have the capability to ensure the health and safety of that individual. If your agency has received a signed SFOC and is unable to accept the individual for the reasons outlined within the SFOC Policy and Procedure, **please fax this request** to the appropriate Developmental Disabilities Supports Division (DDSD) Regional Office for review.

METRO Fax: (505) 841-5546 \_\_\_\_

NERO Fax: (575) 758-5973 \_\_\_\_

NWRO Fax: (505) 863-4978 \_\_\_\_

SERO Fax: (575) 624-6104 \_\_\_\_

SWRO Fax: (575) 528-5194 \_\_\_\_

Provider Agency Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ Last 4 Digits of SS#: \_\_\_\_\_

Individual's Case Management Agency: \_\_\_\_\_

**Please describe the reason your agency is unable to ensure the health and safety of this particular individual. (Attach relevant documentation to this form, if applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe the steps your provider agency is going to take in order to ensure the health and safety of all individuals on the Developmental Disabilities (DD) Waiver that select this agency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For DDSD Regional Office Use Only**

Approved and Valid Thru: \_\_\_\_\_.

Denied: \_\_\_\_\_.

Regional Office Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ROB Chief and/or Deputy Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

03/2016