

**Request for Exemption from DDS’s Requirement for a Person to have a Behavior Support Plan**

Request for Exemption for Behavior Support for:     (PERSON)    

Directions for completing this form:

1. The support team must answer YES to each question below to proceed with the request for exemption.
2. The provider HRC must have reviewed and approved the restriction and request for exemption.
3. This form must be signed by the person or his or her substitute decisionmaker, and his or her provider, or other member of his or her support team.
4. Submit this request form, via MCIS, along with and evidence of provider HRC approval and the person’s last two psychotropic review forms for review by RCRC.

Criteria	Criteria Met	
1. The person is taking a single medication to treat a psychiatric illness.	Yes	No
2. This is the only planned non-emergency restrictive control.	Yes	No
3. Each target behavior occurs 3 times or less per month.	Yes	No
4. The target behaviors do not pose a danger to the person, other people, or property.	Yes	No
5. There are no Serious Reportable Incidents for behavioral incidents within the past six months.	Yes	No
6. Based on observation, the person’s psychiatric symptoms do not have a significant impact on his or her usual activities of daily living; daily activities or work; and social interactions with others.	Yes	No
7. As documented in the person’s current ISP, the person is receiving other mental health treatment, including but not limited to: supportive counseling; art therapy; music therapy; skill building targeted at coping with either psychiatric symptoms or target behaviors.	Yes	No
8. The person, or his or her substitute decision-maker, has given informed consent to the use of the psychotropic medication and to this request for an opt-out of behavior support services.	Yes	No

I attest that all of the above statements are true.

\_\_\_\_\_  
Person or Substitute Decision Maker

\_\_\_\_\_  
Provider or other Support Team Member

Date: \_\_\_\_\_