The requestor shall complete the request form and provide any additional documentation to support the request. The completed form must be submitted to the Tennessee Department of Human Services (TDHS) at [AdultDayServices.DHS@tn.gov](mailto:adultdayservices.dhs@tn.gov). A copy of this exemption request and the Department’s response letter shall be retained in the agency records. Every program claiming to be exempt under **Tenn. Code Ann. § 71-2-402(c)** must continually meet the criteria in the exempt category. Exemptions are valid only at the program address to which they were granted. If your program relocates, you must also submit a new exemption request.

**Applicant Contact Information**

**Name:** Click or tap here to enter text.

**Business Mailing Address:** Click or tap here to enter text.

**Primary Telephone Number:** Click or tap here to enter text.

**Alternate Telephone Number:** Click or tap here to enter text.

**Email (required):** Click or tap here to enter text.

**Program Location Information**

**Program Name:** Click or tap here to enter text.

**Name of Religious Organization or Institution (required):** Click or tap here to enter text.

**Physical Address:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**Email (required):** Click or tap here to enter text.

**Website (if applicable):** Click or tap here to enter text.

**Program Information**

**Does your program currently participate in the Child and Adult Care Food Program?** Choose an item.

**Days of Operation:**

**Mon  Tues  Wed  Thurs  Fri  Sat  Sun**

**Hours of Operation:** Click or tap here to enter text.

**Number of participants anticipated at one time:** Click or tap here to enter text.

**Will each adult participant be able to function in a group setting, eat (self-feed), and perform toilet functions without the assistance of a personal aide?** Choose an item.

**Will adult participants be administered medications while under the program’s care?** Choose an item.

**Description of Program Purpose, Activities and Services**

**Provide a detailed description of the program’s purpose and the services/activities offered. Attach additional pages as necessary.** Click or tap here to enter text.

**Describe records your program will maintain regarding the participants in the program or activity:**

Click or tap here to enter text.

In accordance with the requirements of **Tenn. Code Ann. § 71-2-402, Licensing requirements — Exemption for limited respite care services program,** I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct."

Click or tap here to enter text. Click or tap to enter a date.

|  |
| --- |
| **For Office Use Only**  **Date Received:** Click or tap to enter a date.  **Received By:** Click or tap here to enter text. |

REQUESTOR’S NAME DATE