



Department of DISABILITY & AGING

POLICY EXEMPTION REQUEST FORM

INSTRUCTIONS:

Use this form to request an exemption from DDA policy, procedure, written document, or instrument. All questions must be answered, or the request will be returned unprocessed. This form must be submitted to the Regional Office Director of the region in which services are provided at DDA.ETRO.Policy@tn.gov, DDA.MTRO.Policy@tn.gov, and DDA.WTRO.Policy@tn.gov.

To: _____

Date: _____

From: _____

*Include name **AND** email address of person completing form, agency/provider name, and agency address*

For what is the exemption being requested?

Include a specific reference to the policy or provider manual section applicable to this request

NON-BACKGROUND CHECK EXEMPTIONS

Is this request for a person supported? Yes No If yes, who: _____

If applicable, is the Circle of Support in agreement with this request? Yes No N/A

What other solutions were sought before the exemption was requested?

Is an alternative solution being developed to eliminate the need for the exemption? Yes No

BACKGROUND CHECK EXEMPTION REQUESTS

Name of prospective employee _____

Last 4 of SSN# _____ Date of Birth: _____

Has the prospective employee been a resident of TN for MORE than one (1) year? Yes No

Is a nationwide background check, which may be limited to those states where the person has lived during the past seven (7) years or since the age of 18, whichever is fewer, included? Yes No N/A

Is current background check included (within last 30 days) Yes No

Is disposition of conviction(s) included (either on background check or other supporting documentation)? Yes No

Is a written statement from the prospective employee regarding the circumstances surrounding conviction(s) included? Yes No

If the prospective employee is listed on the Felony Offender Information Lookup (FOIL) registry, is a comprehensive Tennessee Bureau of Investigation background check dating back to age 18 included? Yes No N/A

