TEXAS
Health and Human Services

Case Manager
Office Address and Telephone No.

(Individual's Name and Address)

Medically Dependent Children Program (MDCP)

Exception to the 30-Day Notification

You have requested to waive the 30-day notification period for a service reduction, service denial or case closure in the Medically Dependent Children Program. Please complete and sign the form below if you agree and return to the case manager at the address above within five calendar days from the receipt of this letter.

I, _____ , am requesting to waive the 30-day notification period because:

(Reason for the request – add a service, other waiver enrollment, etc.)

I am requesting the Department of Aging and Disability Services to complete the case action before the 30-day notification period because:

(Reason to have the case action occur before the 30-day notification period.)

I acknowledge I will not receive 30 days advance notice of the service reduction, service denial or case closure for the requested reason listed above.

_____ _____
Signature – Individual/Individual's Parent or Guardian Date