

## NON STATUTORY MONITORING FREQUENCY REQUEST FORM

<i>Consumer Name:</i>	<i>MCI Number:</i>
<i>Waiver Program Type:</i>	<i>Current Living Situation (HCSIS):</i>
<i>Name of person requesting deviation:</i>	<i>Relationship to consumer:</i>
<i>Proposed Deviation:</i>	
<i>Reason for Deviation:</i>	
<i>Alternative Mechanism to ensure health and welfare:</i>	
<b>For SCO Only</b> <i>SCO recommendation/Justification:</i>	

**\*\*\*Form must be completed electronically and submitted to SCO director for review.**