

WAIVER OF FACE-TO-FACE CONTACT FES TITLE XX OR PART C

Name of child:	
AWACS ID:	Service: FES XX <input type="checkbox"/> Part C <input type="checkbox"/>
Provider Agency:	
Person Requesting Waiver:	Date:
Month/year requested to waive face-to-face requirement:	

For inability to schedule a required face-to-face appointment:
Describe attempts to make this appointment including dates and means attempted:
Reason a required face-to-face appointment could not be scheduled:
Signature of staff:

For failure to keep a set and confirmed appointment:	
Date of face-to-face appointment:	
Date family notified of appointment:	Method of notification:
Date appointment confirmed:	Method of confirmation:
Date(s) of attempted face-to-face visit:	
Description of failed visit:	
Signature of staff:	

Signature of Agency Director:	Date:
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Signature of QIS	Date:
Approved: <input type="checkbox"/>	A face-to-face is required in the month following the waiver month. <i>If approved, a unit of service may only be invoice for the waived month if a covered service was delivered in that month.</i>
Denied: <input type="checkbox"/>	A face-to-face must occur for any units to be invoiced.
Regional Manager Signature:	Date: