



**Marion County**  
OREGON

Health & Human Services

**PSW Request Form for Extended Exception to Electronic Visit Verification (EVV)**

Today's Date:

Request Start Date:

Name Of Person Authorized to Submit Request: Role: EOR      PSW

EOR (Name) \_\_\_\_\_ CT

PSW (Name) \_\_\_\_\_ PSW Provider Number: \_\_\_\_\_

Individual Served (Name) \_\_\_\_\_

Does PSW have a prior EVV Extended Exception:    Yes    No    Approximate Date

	Language access presents barrier to using eXPRS. Explain: _____ _____
	Can demonstrate an ongoing hardship in accessing eXPRS. <ul style="list-style-type: none"> <li>• Unable to access internet and</li> <li>• Demonstrated on going inability to use eXPRS</li> </ul> Explain: _____ _____
	Does not have access to mobile device and on-going hardship in accessing internet service.Explain: _____ _____
	Can demonstrate using EVV will present a health and safety concern (stalking, harassment, domestic violence and other factors). Please provide legal documents.Explain: _____ _____ _____
	Comments: _____ _____ _____

\*\*\*Backside\*\*\*\*

*My signature attests that the information provided in this form is accurate to the best of my knowledge. If Approved, I understand the exception is only good until the expiration date listed on form. I also understand this request may be withdrawn prior to the expiration date should circumstances change or the information provided is found to be incorrect.*

\_\_\_\_\_  
Signature of person submitting request

\_\_\_\_\_  
Date

**Health and Human Service/IDD USE ONLY:**

Date Received: \_\_\_\_\_

SA Expiration Date \_\_\_\_\_ Prior EVV Exception: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved                      Expiration Date \_\_\_\_\_

Denied

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

eXPRS-EVV Exception Request Webform Date: \_\_\_\_\_

Emailed: PSW, Common Law Employer and CC Service Coordinator

Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_