**Cuyahoga County Board of Health**

**Ryan White Part A Program**

**Service Exception Request Form**

Return completed form to Melissa Rodrigo by email to mrodrigo@ccbh.net.

***Please print clearly***

Date:

**Form Submitted By:**

Name:

Title:

Organization:

Phone:

Email:

**Request Description:**

Client ID:

Client Verified Ryan White-Eligible: 🞏 Yes

Service Category:

Service/Cost:

Exception Request Description:

**Please attach any supporting documents, such as proof of medical necessity.**

Please direct questions about completing this form to Melissa Rodrigo by email at mrodrigo@ccbh.net or phone (216) 221-2001 x1507.

**For Internal Use:**

Date Request Received:

Approved 🞏 Disapproved 🞏

Notes: