

SEPARATION NOTICE/CLINICAL EXCEPTION

**Four County ADAMHs Board
Funding Requirement**

Client Name	Case Number
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I DO NOT HAVE CONTACT WITH MY SPOUSE AND:

<input type="checkbox"/> 1. A legal separation agreement is in place (provide copy) <input type="checkbox"/> 2. I have been living apart from my spouse for at least 6 months
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If 1 or 2 from above is *not met*, are there any of the following:

<input type="checkbox"/> A. Significant, documentable obstacles, such as the other party refusal to provide documentation please explain: _____ _____
<input type="checkbox"/> B. Risk to the yourself or family please explain: _____ _____

Signature of Client or parent/guardian	Date
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For Internal Use: If A or B, notify MVGC CEO and scan document in client chart