



## AGENCY DIRECTED IVR EXCEPTION FORM

Client Name: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YYYY

Check in time: \_\_\_\_\_ AM / PM    Check out time: \_\_\_\_\_ AM / PM

Activity Codes: \_\_\_\_\_

\*Reason for missed check in/out:

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Worker signature

### IVR Exception Form Instructions:

- Fill in client & worker names, dates, times, activity codes & reason for missed clock in/out.
- Both the client & the worker must sign the form.  
*Please note that falsifying a signature is considered fraud and will be reported to the state.*
- If any items are left blank the IVR form will not be processed for pay.
- Use only one form per missed check in/out
- IVR Forms are due by 5 PM on Tuesdays.  
*IVR Forms received after 5 PM Tuesday will not be paid until the next week.*
- IVR Forms older than 2 weeks will be held 1 week.
- IVR Forms older than 30 days may not be paid.
- Do not exceed authorized hours, as you will not be paid for the overage.
- No services will be paid when the client is hospitalized or unavailable for care.  
*You are required to notify the office when the client is unavailable for care.*
- IVR Forms may be delivered or mailed to  
*All Saints Home Care, 3425 W. Central, Wichita, KS 67203 or faxed to 316-945-9076.*

OFFICE USE ONLY

PROGRAM: \_\_\_\_\_