



**State of Alaska Department of Health and Social Services
Division of Senior and Disabilities Services**

**REQUEST TO SELECT COST ESTIMATE
OTHER THAN THE LOWEST**

Recipient:
Street Address:
City, State and Zip Code:
Phone Number:
Email:

Care Coordinator:
Care Coordination Agency:
Phone Number:
Email:

I am requesting an exception to the requirement that the lowest cost estimate be selected for an environmental modification.

This request is based upon the following:

Care Coordinator Signature

Date

Approved

Denied

Comments:

DSDS Director Signature

Date